

FILED DEC 31 1947

318

Primary Registration District No. ....

1003

Registrar's No. 11552

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... ST. Louis, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: De Paul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis, 96  
(c) City or town University City 5, 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 820 Pennsylvania Ave. s.s. 5  
(If rural, give location)  
(e) Citizen of foreign country? no. 1 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME NORMA F. GRINDLER.  
3. (b) If veteran, name war None. 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White. 6. (a) Single, widowed, married, divorced, Married.  
6. (b) Name of husband or wife Francis J. Grindler, 6. (c) Age of husband or wife if alive 52. years  
7. Birth date of deceased July 11, 1897.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50. 5. 6. hr. min.

9. Birthplace St. Louis, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

12. Name Adolph A. Fox.

13. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Lulu M. Bodine.

15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank J. Grindler.

(b) Address # 820 Pennsylvania

17. (a) Interment. (b) Date thereof 12/19/47.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) DEC 18 1947 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17  
year 1947 hour 10:31 minute a. M.

21. I hereby certify that I attended the deceased from Dec 17 1947  
to Dec 17 1947  
that I last saw her alive on Dec 17 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Emphysema

hypertension  
Due to Emphysema  
Due to hypertension

Other conditions 820  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....  
(Specify type of place)

23. Signature Clive White (M. D. or other) o  
Address 445 Maryland Date signed 12-18-47

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

20  
17  
9

4952 Mary Edlund  
30-8844  
9-12

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
..... Registered Apprentice No.....  
working under my personal supervision.

Signed Raymond L. Morris  
Licensed Embalmer No. 4330  
P. O. Address Maplewood, Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.