

FILED AUG 31 1948

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 262

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South East Mo. Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 14 hours
In this community 14 Hours (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry
(c) City or town Rural Brazeau
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? _____ (Specify No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Gruenwald

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lydia Gruenwald 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 10 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 1 9 hr. min.

9. Birthplace Perry Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Carl Gruenwald

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Schmidt

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore Gruenwald

(b) Address Altenburg Mo.

17. (a) Burial (b) Date thereof 8-21-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Altenburg Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Renfrewville, Mo.

19. (a) 8-24-48 (b) C. G. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1948 hour 3 minute 15 A.

21. I hereby certify that I attended the deceased from Aug. 18, 1948 to Aug. 19, 1948
that I last saw him alive on Aug. 18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure ?

Due to arrhythmia fibrillata ?

Due to _____

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

Major findings: Of operations _____ Of autopsy _____

Duration
? ?
PHYSICIAN
Underline the cause to 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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Charles F. Wilson M. D. or other M.D.
Address 727 Broadway Date signed 8-24-48

RECEIVED

Health Officer No. 4
File Number 848-1
8-30

AUG 10 1948

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 Edward Young

Licensed Embalmer No. 2138

P. O. Address Permyville m

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

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