

Filed  
JAN. 29, 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2739

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 614

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO	
c. LENGTH OF STAY (In this place) 12 HOURS		d. STREET ADDRESS (If rural, give location) 2855 S. JEFFERSON	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) L. c. (Last) GRUENERT			4. DATE OF DEATH (Month) (Day) (Year) JAN. 21 1949		
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5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAR. 13, 1885		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 10		IF UNDER 24 HRS. Day 8 Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEEL INSPECTOR			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) ST. LOUIS MO			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME GUSTAV GRUENERT			13b. MOTHER'S MAIDEN NAME MARY TRICE			14. NAME OF WIFE OR WIFE ELSIE GRUENERT		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS ELSIE GRUENERT 2855 S. JEFFERSON			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach  ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  H/O 151X						INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6:40 A. M., from the causes and on the date stated above.

23a. SIGNATURE Blunt E. Dwyer (Degree or title)			23b. ADDRESS 1300 Clark			23c. DATE SIGNED 1/21/49		
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 24 1949		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
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DATE REC'D BY LOCAL REG. JAN 21 1949		REGISTRAR'S SIGNATURE J. B. Lanter		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Thomas Kuttia 2906 GRAVOT'S	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Harold C. Hill*

Signed.....

Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Duval

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.