

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3942

No. 300  
10.48  
FILED MAY 4 1951

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

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  
c. LENGTH OF STAY (In this place) OR CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  
7 d. STREET ADDRESS (If rural, give location) 5775 Riverview Blvd

d. FULL NAME OF HOSPITAL OR INSTITUTION 5775 Riverview Blvd

3. NAME OF DECEASED  
a. (First) Gustav  
b. (Middle) A  
c. (Last) Gruenewald  
4. DATE OF DEATH (Month) (Day) (Year) April 23 1951

5. SEX 0 Male  
6. COLOR OR RACE White  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower  
8. DATE OF BIRTH April 9 1877  
9. AGE (In years last birthday) 74  
IF UNDER 1 YEAR Months 0 Days 14  
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Div Manager  
10b. KIND OF BUSINESS OR INDUSTRY City Ice & fuel Co  
11. BIRTHPLACE (State or foreign country) St. Louis Mo  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Gustave A. Gruenewald Sr  
13b. MOTHER'S MAIDEN NAME Rosina Kuhn  
14. NAME OF HUSBAND OR WIFE Late Catherine C. Gruenewald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None  
16. SOCIAL SECURITY NO. Unknown  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gus A. Gruenewald, 5632 Hooly Hills Blvd(9)

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, ashenia, etc. It means the disease, injury, or complication which caused death.  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Broncho-pneumonia, bilateral  
INTERVAL BETWEEN ONSET AND DEATH 3 days  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arteriosclerotic heart disease  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION  
20. AUTOPSY? YES  NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR H200

22. I hereby certify that I attended the deceased from March, 1950, to 4/23, 1951, that I last saw the deceased alive on 4/20, 1951, and that death occurred at 6:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold C. Selle M.D.  
23b. ADDRESS 5626 W. Florissant  
23c. DATE SIGNED 4/26/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial U  
24b. DATE April 25 1951  
24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery  
24d. LOCATION (City, town, or county) (State) St. Louis Co Mo

DATE REC'D BY LOCAL REG. APR 26 1951  
REGISTRAR'S SIGNATURE J. B. Rasater  
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Reutz 4828 Nat. Bridge Blvd

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

3942

after 100 P.M.

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Ralph C. Sanders

Licensed Embalmer No. 4275

P. O. Address St. Louis, 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.