

FILED SEP 5- 1952

## STANDARD CERTIFICATE OF DEATH

State File No. 30392

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2242

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) Gardenville		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Miller Nursing Home		d. STREET ADDRESS (If rural, give location) 809 Haven	

3. NAME OF DECEASED a. (First) Emma J. Gund		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Aug. 25, 1952	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Oct. 6, 1873	
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and State or Foreign Country) Germany	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Michael Gund		13b. MOTHER'S MAIDEN NAME Wilhelmina Von Gricor		14. NAME OF HUSBAND OR WIFE none	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Louise Grunz		ADDRESS 3839 Virginia	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Heart and Kidney Disease		DUE TO (b) 442X				6 Mo.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis						1 Yr.	

19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION XXXXXXXXXXXXXXXXXX		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) no		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug. 21, 1952, to Aug. 25, 1952, that I last saw the deceased alive on Aug. 24, 1952 and that death occurred at 125a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Metzger M.D.		23b. ADDRESS 3608 S. Grand Blvd.,		23c. DATE SIGNED 8/25/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-27-52		24c. NAME OF CEMETERY OR CREMATORY New Picker	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		24e. FUNERAL HOME Southern Funeral Home		24f. ADDRESS 6322 S. GRAND BLVD., ST. LOUIS 11, MO.	

DATE REC'D BY LOCAL REG. 8-27-52		REGISTRAR'S SIGNATURE Herbert R. Donkema		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home	
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59 (Licensed Embalmer's Statement on Reverse Side)

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

DR. WALTER ABEL  
will be at Dr. Walters office (Melba Bl)  
between 2 & 4 today

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.

Student .....  
Student Embalmer

Signed David Van Fossan.

Licensed Embalmer No. 422

P. O. Address 6322 So Grand.

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.