

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10757

State File No. _____

FILED MAR 23 1954

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>540</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Olivette</u>		c. LENGTH OF STAY (in this place) <u>54 yrs.</u>		c. CITY OR TOWN <u>Olivette</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Res. 9310 Old Bonhomme Rd.</u>				e. STREET ADDRESS (If rural, give location) <u>9310 Old Bonhomme Rd.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs. Virginia</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Gruendler</u>			4. DATE OF DEATH <u>Feb. 27, 1954</u>					
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 22, 1899</u>		9. AGE (in years last birthday) <u>54</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 Hrs. _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>August Herboth</u>			13b. MOTHER'S MAIDEN NAME <u>Matilda Schulze</u>		14. NAME OF HUSBAND OR WIFE <u>Louis John Gruendler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>L. J. Gruendler, 9310 Old Bonhomme Rd.</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>10 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		21. HOW DID INJURY OCCUR? <u>331X</u>		
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from <u>1825</u> , to <u>Feb. 27, 1954</u> , that I last saw the deceased alive on <u>Feb. 27, 1954</u> , and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Thos M Davis MD</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>2422 N Grand</u>		23c. DATE SIGNED <u>3/2/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 3, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>3/3/54</u>		REGISTRAR'S SIGNATURE <u>Herbert G. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander & Sons, 6175 Delmar Blvd.</u> ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Thomas M. Davis
9355 Old Bonhomme Rd.
Wy. 1 0224
Fr. 4325

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.....
Signature of Student Embalmer

Signed *Jas. E. McCulloch*.....

Licensed Embalmer No. *246*

P. O. Address *61759*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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