

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29354

| | | | | | | | | | |
|---|----------------------------------|---|---|--|---|---|---|-------------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>541</u> | | Registrar's No. <u>1934</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>Mo.</u> b. COUNTY <u>St. Louis</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u> | | c. LENGTH OF STAY (In this case) <u>DOA</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Bonhomme</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Wilson Ave</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Frederick</u> b. (Middle) _____ c. (Last) <u>Gruenewald</u> | | | 4. DATE OF DEATH (Month) <u>Aug.</u> (Day) <u>5</u> (Year) <u>1954</u> | | | | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | | 8. DATE OF BIRTH <u>June 5, 1934</u> | | 9. AGE (In years last birthday) <u>20</u> | 10. MONTHS <u>2</u> | 11. DAYS <u>0</u> | 12. IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>landscape gardner</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>James Zumalt</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co., Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>Albert Gruenewald</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Elsie Hartman</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>498-38-0202</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Albert Gruenewald</u> | | | | ADDRESS <u>Chesterfield, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple fractures, loss of blood and shock suffered when</u> ANTECEDENT CAUSES <u>Due to (b) he lost control of his automobile</u> DUE TO (c) <u>on Olive St. Road approaching</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>Woods Mill Road.</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Road</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>32</u> (STATE) <u>Rural St. Louis Mo.</u> | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Aug. 5, 1954 10:35 p.m.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Lost control of car</u> | | | | | |
| 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 _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Ornold J. Willman</u> (Degree or title) <u>Coroner</u> | | | | 23b. ADDRESS <u>Clayton, Mo.</u> | | 23c. DATE SIGNED <u>8-9-54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>8-9-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. John Ev. Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Bellefontaine, Mo.</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>9/9/54</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Tompkins</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader Funeral Home</u> | | | | ADDRESS <u>Ballwin, Mo.</u> | |

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.

Student
Student Embalmer

Signed

Richard Bopp

Licensed Embalmer No. *4584*

P. O. Address *Bellewin 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.