

FILED OCT 26 1954

STANDARD CERTIFICATE OF DEATH

35414

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8867**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4252 Harris Avenue		e. STREET ADDRESS (If rural, give location) 4252 Harris Avenue	
3. NAME OF DECEASED a. (First) Otto		b. (Middle)	
c. (Last) Gruenewald		4. DATE OF DEATH (Month) (Day) (Year) 9.29.54	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 27, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Type Setter (retired)		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Screw Co	9. AGE (In years last birthday) 76
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ferdinand Gruenewald		13b. MOTHER'S MAIDEN NAME Caroline Seidler	
14. NAME OF HUSBAND OR WIFE Eva May Gruenewald		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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Eva May Gruenewald, 4252 Harris Ave	
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 arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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)	
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? <u>334x</u>		22. I hereby certify that I attended the deceased from <u>Nov. 1, 1953</u> to <u>Sept 29, 1954</u> , that I last saw the deceased alive on <u>Sept 16, 1954</u> , and that death occurred at <u>7:45A m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Chas. J. ...</u>		23b. ADDRESS <u>6000 W. F. ...</u>	
23c. DATE SIGNED <u>9.29.54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	
24b. DATE October 2, 1954		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann & Son, Inc.</u>	
25. ADDRESS 2161 E. Fair Av		DATE REC'D BY LOCAL REG. SEP 30 1954	

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.....
Signature of Student Embalmer

Signed... *Clement McManis*

Licensed Embalmer No. *373*

P. O. Address... *St. Louis*

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.