No. 300
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FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14158

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 342 Registrar's No. 912

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ferguson
c. LENGTH OF STAY (In this place): 3½ yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 131 Cunningham

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Ferguson 410
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 131 Cunningham

3. NAME OF DECEASED (Type or Print)
a. (First): ELMER
b. (Middle): WILLIAM
c. (Last): GRUENEWALD

4. DATE OF DEATH (Month) (Day) (Year): April 17, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 16, 1902
9. AGE (In years last birthday): 52 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vehicle Foreman
10b. KIND OF BUSINESS OR INDUSTRY: R. R. Express Co.
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Fred Gruenewald
13b. MOTHER'S MAIDEN NAME: Lena Finke
14. NAME OF HUSBAND OR WIFE: Dorothy Gruenewald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 714-10-9116
17. INFORMANT'S SIGNATURE OR NAME: Mrs Dorothy Gruenewald
ADDRESS: 131 Cunningham

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchogenic carcinoma left lung c multiple metastases — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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: Bronchogenic carcinoma left lung Metastatic carcinoma rt. hip 162X
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 14 March, 19 54, *to* 17 April, 19 55, *that I last saw the deceased alive on* 16 April, 19 55, *and that death occurred at* 2:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph A Gray
(Degree or title): MD
23b. ADDRESS: 212 E. Florissant Ferguson, Mo
23c. DATE SIGNED: 4/18/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-20-55
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: 4/20/55
REGISTRAR'S SIGNATURE: Weebeck L. Lowe M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: WHITE CHAPEL, FERGUSON, MISSOURI
ADDRESS
(Licensed Embalmer's Statement on Reverse Side)

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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Eleanor Rovince

Licensed Embalmer No. 340

P. O. Address Jennings

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.