

FILED OCT 18 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31794

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2247

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) OR TOWN <u>Kirkwood</u>		c. CITY OR TOWN <u>Des Peres</u>	
c. LENGTH OF STAY (in this place) <u>7 days</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 HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		e. STREET ADDRESS (If rural, give location) <u># 1 Topping Lane</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Catherine</u>	b. (Middle) <u>Frances</u>	c. (Last) <u>Grueninger</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 28 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jul 29, 1879</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>dressmaking</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own business</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Des Peres, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Steier</u>	13b. MOTHER'S MAIDEN NAME <u>unk. Kline</u>	14. NAME OF HUSBAND OR WIFE <u>Edward Grueninger</u>
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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>no</u>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Mildred Fallis # 1 Topping Lane Kirkwood, MO</u>
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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, asthenia, 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) <u>Coronary occlusion</u>		<u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>		<u>?</u>
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-21, 1955, to 9-28, 1955, that I last saw the deceased alive on 9-27, 1955, and that death occurred at 5 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James Antelope M.D.</u>	23b. ADDRESS <u>Kirkwood Mo</u>	23c. DATE SIGNED <u>9-29-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-30-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters</u>	24d. LOCATION (City, town, or county) (State) <u>Normandy Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9/29/55</u>	REGISTRAR'S SIGNATURE <u>Heather R. Romberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schneider Funeral Home Ballwin, Mo</u>
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(Licensed Embalmer) (Print name 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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Richard Bopp*

Licensed Embalmer No. *45*

P. O. Address *Baltimore*

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.