

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6558

318

1003

State File No.

Registrar's No. 1979

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a. STATE MISSOURI b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN ST LOUIS,		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST LOUIS,		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 MARIAN HOSPITAL				e. STREET ADDRESS (If rural, give location) 3642 ALDINE AVE		21190			
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE		b. (Middle) MARIE		c. (Last) GRUEN		4. DATE OF DEATH (Month) (Day) (Year) FEB, 23, 1956			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH 7/5/1877		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MISSOURI			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME UNKNOWN GEBHARD			13b. MOTHER'S MAIDEN NAME CAROLINE SOMMERS			14. NAME OF HUSBAND OR WIFE WILLIAM HENRY GRUEN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. #		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GERALDA EILEEN LEINHARD 768 a WACHTEL					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Rt. Hip joint				Fracture rt hip joint				2-2-56	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) the rise to the above cause (a) stating the underlying cause last. DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				K James M Kelly Deputy 2-2-56					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 21 (COUNTY)		(STATE)		904.D	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 2-2-1956 10AM		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR At home 000					
22. I hereby certify that I attended the deceased from Feb 2, 1956, to Feb 23, 1956, that I last saw the deceased alive on Feb 23, 1956, and that death occurred at 2:50AM., from the causes and on the date stated above.									
23a. SIGNATURE H.G. Moore		23b. ADDRESS (Degree or title) M.D. 997 S. 18th		23c. DATE SIGNED 2-24-56					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2/27/56		24c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE CEMETERY		24d. LOCATION (City, town, or county) ST LOUIS MISSOURI (State)			
DATE REC'D BY LOCAL REG. FEB 24 1956		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE					

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 *M. W. Baeter*

Licensed Embalmer No. *486*

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.