

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016877

FILED VS MAY 6 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2, 4398** STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY St. Louis.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MADISON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS 10, Mo.		Length of stay in 1b 56 HOURS		c. CITY OR TOWN MADISON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Evangelical Deaconess				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2018 4th ST.	
3. NAME OF DECEASED (Type or print) First GEORGE Middle _____ Last Gruenenfelder				4. DATE OF DEATH Month 4 - Day 23 - Year 60			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-22-60	9. AGE (last birthday)	IF UNDER 1 YEAR Months _____ Days 7	IF UNDER 24 HR Hours 9 Min. 47	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ST. LOUIS, ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME George Gruenenfelder III			13b. MOTHER'S MAIDEN NAME Rosalie Beyer			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT George Gruenenfelder III 2018 4th ST. Address		

DOCUMENT

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Hyaline Membrane Disease						23 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						28 hours	
DUE TO (b) Prematurity							
DUE TO (c) 773.5							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 8⁰⁰ am 4-23-60 to 4¹⁰ pm 4-23-60 and last saw her/him alive on 4-23-60 Death occurred at 4¹⁰ pm on the date stated above, and to the best of my knowledge, from the causes stated.							

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title) Norman W. Peas, M.D.			22b. ADDRESS 6944 CHIPPEWA			22c. DATE SIGNED 4-24-60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial to MADISON, ILL. 4-23-60		ST. Johns		GRANITE CITY, ILL.			
24. FUNERAL DIRECTOR Marvin J. Foley ADDRESS Madison, Ill.			25. DATE RECD. BY LOCAL REG. APR 25 1960		26. REGISTRAR'S SIGNATURE Earl Smith, M.D. mjs		

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by not embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Francis J. Deke

Licensed Embalmer No. 2492

P. O. Address Madison

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