

FILED VS OCT 14 1960

318

1003

9553

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in lb	c. CITY OR TOWN <b>Affton,</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Anthony Hosp.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>4371 Fatima Dr.</b>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>ALBERT</b> Middle <b>H. J.</b> Last <b>GRUENINGER</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>30th</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-27-1878</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman-Retd</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Chase Bag Co.</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Albert Grueninger</b>		13b. MOTHER'S MAIDEN NAME <b>Frederika Buermann</b>		14. NAME OF HUSBAND OR WIFE <b>Late Emily L. Grueninger</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Frank Grueninger-3838 Park, Apt #22</b>
---	--	---

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) <b>Cardiac failure</b>		
DUE TO (b) <b>Arteriosclerotic heart disease</b>		
DUE TO (c) <b>Hypertensive heart disease</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fracture of femur 443XF</b>	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
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Fell in bathroom at home.</b>
---	--	--

20c. TIME OF INJURY Hour <b>2</b> a.m. p.m. <b>9-17-60</b>	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.) <b>3A 7 done</b>	20f. CITY, TOWN, OR LOCATION <b>Affton</b>	COUNTY <b>St Louis</b>	STATE <b>Mo.</b>
---	--	--	---	---------------------------	---------------------

21. I attended the deceased from <b>9-17-60</b> to <b>9-29-60</b> and last saw her/him alive on <b>9-29-60</b>	
Death occurred at <b>12:30 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) <b>Edaya N. Desh M.D.</b>	22b. ADDRESS <b>6500 Chippewa St L. 9 Mo.</b>	22c. DATE SIGNED <b>9-30-60</b>
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Oct. 3, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
---	----------------------------------	---	---

24. FUNERAL DIRECTOR <b>Kriegshausner-4228 S. Kingshighway Blvd.</b>	25. DATE RECD. BY LOCAL REG. <b>SEP 30 1960</b>	26. REGISTRAR'S SIGNATURE <b>Leard Smith, M.D.</b>
---	--	---

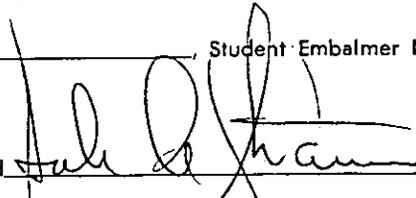
DOCUMENT BY AFFIDAVIT OF funeral director MEDICAL CERTIFICATION

*O.K. Paul J. Smith Deputy Coroner 10/14/60*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed  \_\_\_\_\_  
Licensed Embalmer No. 4533

P. O. Address \_\_\_\_\_

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