

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

10861

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1002  
City St. Louis (No. 4621) Alexander

File No. ....  
Registered No. 2936  
St. .... Ward)

**2. FULL NAME**

MARIE GRUNZINGER  
(a) Residence. No. 4621 Alexander St., 15 Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 28 1910

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
22 1 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Stenographer  
(b) General nature of industry, business, or establishment in which employed (or employer). Murray Brake Co  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY) St. Louis

**PARENTS**  
10. NAME OF FATHER Fred Grunzinger  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo  
12. MAIDEN NAME OF MOTHER Amra Proff  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo

14. INFORMANT Fred Grunzinger  
(Address) 4621 Alexander

15. FILED 419 26 1932 REGISTRAR W. L. Starks

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 25 1932

17. I HEREBY CERTIFY, That I attended deceased from March 25 1932, to March 26 1932, that I last saw her alive on March 24 1932, and that death occurred, on the date stated above, at 8:20 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocardial infarction  
93A

112 (duration) yrs. mos. 2 days

CONTRIBUTORY (SECONDARY) Bronchial asthma (duration) yrs. mos. 21 days

18. WHERE WAS DISEASE CONTRACTED ①  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Glucose  
(Signed) John McConell M. D.

19 (Address) 5005a Goodwin

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Peter & Pauls DATE OF BURIAL Mar-28 1932

20. UNDERTAKER A. N. McLaughlin ADDRESS 1631 Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

