REC'D NOV 3 1938

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

Do not use this space.

35515

1. PLACE OF DEATH
County Crawford
Township Benton
City Cuba
Registration District No. 230
Primary Registration District No. 5312
File No.
Registered No.
(No. , St. Ward)

2. FULL NAME 654 Frank J. Gruenewald
(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Gruenewald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 5th, 1864

7. AGE: YEARS 74 | MONTHS 3 | DAYS 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Millwright
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

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

FATHER
13. NAME: Michel Gruenewald
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Cecilia Englard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. J. C. Callais Cuba, Missouri Route 2

18. BURIAL, CREMATION, OR REMOVAL PLACE: Holy Cross Cemetery DATE 6/9 1938

19. UNDERTAKER (ADDRESS): Jas. H. Hollow Cuba, Missouri

20. FILED June 15 1938 G. G. A. Herzog Registrar 206

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 7th, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1938, to June 7, 1938. I last saw him alive on June 7, 1938. Death is said to have occurred on the date stated above, at 11:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Degeneration	1936
Other contributory causes of importance:	
Coronary Schlerosis	1937

Name of operation: Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature], M. D.
(Address) Southern Hotel Cuba Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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