

REC'D MAR 13 1939

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

5019
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Lutheran Altenheim** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **1712****2. PRINT FULL NAME** **Lena Gruenkemeier**

(a) Residence, No. **652 (Altenheim) 8721 Halls Ferry Road** St. **8**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Single**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 7 1858.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 11 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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 Mo**

FATHER 13. NAME **Henry R Gruenkemeier**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Anna Siebrase**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Henry Gruenkemeier, Sr.**
8721 Halls Ferry Road

18. BURIAL, CREMATION, OR REMOVAL PLACE **Concordia Cemetery** DATE **Feb 24 1939**

19. FUNERAL DIRECTOR **Beiderwieden Funl Home Inc**
 (ADDRESS) **1936 St Louis Ave**

20. FILED 19 **Feb 23 1939**
J. B. Budek Local Registrar.

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 21, 1939.** 19

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 1938** 19, to **Feb. 21,** 1939.

I last saw her alive on **Feb. 21,** 1939 Death is saidto have occurred on the date stated above, at **6:30 P.M.**

The principal cause of death and related causes of importance were as follows:

CEREBRAL APoplexy

Date of onset

Dec. 1938

Other contributory causes of importance:

HYPERTENSIONName of operation **NONE** Date of.....What test confirmed diagnosis? Was there an autopsy? **NO**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **NO** 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 **NONE**

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify **Dr. Van Stoefer**, M. D.(Address) **8313 HALLS FERRY RD. CITY**

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.

STATEMENT BY LICENSED EMBALMER

I, Geoffrey, Licensed Embalmer No. 3737

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. Lorow Percy or by Lorow Percy, Registered Apprentice No. 141

working under my personal supervision.

Signed.....

Geoffrey
Licensed Embalmer No. 3737

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.)