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 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.

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 REG. AUG 7 1939

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. 26830

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1277

**1. PLACE OF DEATH:**  
 (a) County St. Louis 3  
 (b) City or town Pattonville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: at home of neighbor  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 53 years (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St. Louis  
 (c) City or town Pattonville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rural - Old St. Charles Rd.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 70 years.

**3. (a) PRINT FULL NAME** FRED GRONEWALD 654  
**3. (b) If veteran,** name war   
**3. (c) Social Security No.**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month July day 12 year 1939 hour 11 P.M. minute \_\_\_\_\_ M.

**4. Sex** male **5. Color of race** white  
**6. (a) Single, widowed, married, divorced, disabled**  
**6. (b) Name of husband or wife** Annie Gronewald  
**6. (c) Age of husband or wife if alive** years 17 years 1865  
**7. Birth date of deceased:** (Month) July (Day) 17 (Year) 1865

**21. I hereby certify that I attended the deceased from** Jan 27, 1938 to June 12, 1939  
 that I last saw him alive on June 12, 1939  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>6</u>	<u>25</u>	hr. _____ min. _____

**Immediate cause of death** Chronic myocarditis  
 Due to \_\_\_\_\_  
 Due to Chronic myocarditis  
gastrointestinal  
ulcers

**9. Birthplace** Germany (City, town, or county) (State or foreign country)  
**10. Usual occupation** farmer

Other conditions (Include pregnancy within 3 months of death) 131  
**Major findings:**  
 Of operations none  
 Of autopsy none

**MOTHER FATHER**  
**11. Industry or business** \_\_\_\_\_  
**12. Name** John Gronewald  
**13. Birthplace** Germany (City, town, or county) (State or foreign country)  
**14. Maiden name** Imbrosius  
**15. Birthplace** Imbrosius (City, town, or county) (State or foreign country)

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
no injury (Specify type of place) (e) Means of injury \_\_\_\_\_

**16. (a) Informant's own signature** Arthur J. Gronewald  
**(b) Address** Robertson, Mo. R #1  
**17. (a) Burial (b) Date thereof 7-16-39 (Month) (Day) (Year)  
**(c) Place: burial or cremation** Cross Ev. Church Cem.  
**18. (a) Signature of funeral director** Blumhans Proprietor  
**(b) Address** 2504 Woodson Rd - Greentown, Mo.  
**19. (a) JUL 15 1939** (Date received local registrar) (b) R. Meyer (Registrar's signature)**

**23. Signature** Wm J. Harmon M. D. or other) \_\_\_\_\_  
**Address** 27437 Grand Date signed \_\_\_\_\_

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

**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.)**

**If this body is not embalmed, above space should be left blank.**