

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. If some information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state if any.

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6510

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town _____
(c) Name of hospital or institution:
3968 Walsh 2
(d) Length of stay: In hospital or institution _____
In this community 16 yrs.
years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME Emily A. Gruenzinger 656
3. (b) If veteran, name war No 3. (c) Social Security No. No
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased August 14 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 11 17 hr. min.

9. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name Unknown 9
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. George Greunzinger
(b) Address 3968 Walsh
17. (a) Burial (b) Date thereof 8/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Oscar J. Hoffemister
(b) Address 4016 Chippewa
19. (a) AUG 1 1940 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 3968 Walsh
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 31
year 1940 hour 6 minute 45 P.M.
21. I hereby certify that I attended the deceased from Oct. 23, 1937, to July 31, 1940,
that I last saw her alive on July 29, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Heat. case Duration _____
neither heat or sun stroke
Due to _____
Due to _____

Other conditions Dementia and
(Include pregnancy within 3 months of death)
paralysis (Encephalitis 1937).
Major findings: _____
Of operations
paralysis followed encephalitis
Of autopsy _____

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? _____
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature J. H. Schaefer M.D.
Address 5401 1/2 Graves Date signed 8-1-40

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 *Ernest W. Spillard*

Licensed Embalmer No. *4080*

P. O. Address *3747 Dunwoody*

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.