

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33577

NOV 16 1940 791

Primary Registration District No. 1003

Registrar's No. 8274

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2311 Arsenal St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME SOPHIA GRUND

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph G. Grund 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Jan. 8 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 24 If less than one day
hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

12. Name Frank Trinker

13. Birthplace Bohemia
(City, town, or county) (State or foreign country)

14. Maiden name Dont know.

15. Birthplace Dont know.
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph G. Grund

(b) Address 2311 Arsenal St.

17. (a) Burial (b) Date thereof Oct. 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director J. H. Schaefer & Co.

(b) Address 2842 Meramec St.

19. (a) Oct 4 1940 (b) J. F. Braddock
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 2311 Arsenal St.
(If rural, give location)
(e) Marshall University Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2nd
year 1940 hour 7 minute 18 P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw him alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Atherosclerosis

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

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 3

23. Signature Alfred Perry (M. D. or other)
Address Alfred Perry Date signed 10/4/40

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.....

Joseph S. Benz....., Registered Apprentice No. 218
working under my personal supervision.

Signed Herman A. Gubker
Licensed Embalmer No. 2120
P. O. Address 2842 Meramec St.
St. Louis, 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, fact should be so stated above.