

Registration District No.

791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis Mo
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital # 1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Years
(Specify whether years, months or days)
In this community 15 Years

3. (a) PRINT FULL NAME Rica Grundhoefer

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 22, 18 58
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Louis Grundhoefer

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

14. Maiden name Lucia Wampach

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

16. (a) Informant Mrs Edna Merrill

(b) Address 4136 A Flad

17. (a) Burial (b) Date thereof Oct 28, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa

19. (a) OCT 26 1940 (b) J. J. Brundish
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2615 Eads
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1940 hour 9 minute 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 Fracture of the Left Hip: Arteriosclerosis; suffered when she fell to the floor at the Jackson Nursing Home at 5071 Maple Ave. on Sept. 30th, 1940, at about 4:00 P.M.

Other conditions (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Sept. 30th, 1940
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home
(Specify type of place) (e) Means of injury _____

While at work? _____
23. Signature Alfred Perry (M. D. or other) 5
Address 1924 1/2 Date signed 10/26/40

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. Spillars

Licensed Embalmer No.....

14080

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.