No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15847

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 807

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town Pine Lawn (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4314 Oakwood Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 40 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Rural Pine Lawn (If outside city or town limits, write "RURAL")

(d) Street No. 4314 Oakwood Ave., Pine Lawn (If rural, give location)

(e) If foreign born, how long in U. S. A.? 40 Yrs. years.

3. (a) PRINT FULL NAME Katherina Grundhauser

3. (b) If veteran, name war

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 John

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Sept 10th, 1875 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	7	2	hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Not known
13. Birthplace Not known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant Mary M. Jones

(b) Address 4314 Oakwood Ave., Pine Lawn

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-14-41 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director John L Ziegenhein

(b) Address 7027 Gravois Ave.

19. (a) APR 14 1941 (Date received local registrar) (b) T R Meyer M D Dept (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th year 1941 hour 10 minute 15 A. M.

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

Immediate cause of death By hanging herself with a rope from an iron beam in the basement of her home

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

164 N

Major findings:
Of operations

Of autopsy

Duration

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) Suicide

(b) Date of occurrence April 12, 1941

(c) Where did injury occur? Pine Lawn (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)

While at work? (e) Means of injury

23. Signature Louis H Bopp Coroner (M. D. or other)

Address Kirkwood, Mo. 4/14/41 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 C. P. Kirdwell

Licensed Embalmer No. 3877

P. O. Address 7027 Grawi

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

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