

FILED OCT 7 1941

Registration District No.

Primary Registration District No. 200

Registrar's No.

1957

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Florissant, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At Home Route 2
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Florissant
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.#2
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19
year 1941 hour 7.40 minute P.M.

21. I hereby certify that I attended the deceased from July 14
1941 to Sept 19 1941
that I last saw her alive on Sept 19 at 10 am 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Raynolds Disease
Dry Gangrene

Due to Diabetes mellitus

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations X

Of autopsy X

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) X
(b) Date of occurrence X
(c) Where did injury occur? X (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 Dr. W. H. Will & C. M. P. I. (M. D. or other)
Address 325 suburban Date signed 9-20-41

3. (a) PRINT FULL NAME

Anna Gruenloh

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Gruenloh 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Aug. 12, 1867.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 1 7 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John Busken
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Annie Koester
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant George Gruenloh
(b) Address Florissant, Mo.
17. (a) Burial (b) Date thereof Sept. 23/41.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Florissant, Mo.

18. (a) Signature of funeral director Jos. W. Clark,

(b) Address 1125 Hodiadont Ave.

19. (a) SEP 24 1941 (b) P. H. McFarlan
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

76
0
0

Flousson, Mo.

Dr. Fred Will, D.C.,
328 Suburban Ave.,
Ferguson, Mo.
Atwater 1079.

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..... *W. J. Burnley*.....
Licensed Embalmer No..... 4202.....
P. O. Address 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.