S. No. 2
1—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8631

Registrar's No. 2872

1. PLACE OF DEATH:

(a) County

(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: 1909A. Sidney St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or Institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23 MO 17

(c) City or town St. Louis. 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1909 A. Sidney St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country n

3. (a) PRINT FULL NAME Emily Louise Grueninger

3. (b) If veteran, name war

3. (c) Social Security No. 439-19-6343

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Albert Grueninger

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan. 15-1878 (Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 14 If less than one day hr. 12 min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name Frank Trebau
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Frank Grueninger
(b) Address 1909 A Sidney St

17. (a) (Burial, cremation, or removal) (b) Date thereof 4-1-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director M. J. Schultz
(b) Address 1819 Sidney St

19. (a) MAR 31 1942 (Date received local registrar) (b) J. F. Gredecki (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29th year 1942 hour 12 minute 12 A.M.

21. I hereby certify that I attended the deceased from Mar 26th, 1942, to Mar. 28th, 1942, that I last saw her alive on Mar. 28th 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of liver	6 mos
Due to:	
Due to:	
Other conditions: Chronic interstial nephritis (Include pregnancy within 3 months of death)	3 yrs

G. M. Schuricht

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)

(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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature G. M. Schuricht (M. D. or other)

Address 2327 S. 12th St Date signed Mar. 30th

(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 G. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.