

13910

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 19 1942

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 137

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution Cement Plant 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Since 1904 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 835 Morgan Dub St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME George Grueneberg

3. (b) If veteran, name war _____

3. (c) Social Security No. 490-05-7823

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1942 hour 1 minute 10 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Emma Schroeder 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased August 19, 1888
(Month) (Day) (Year)

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

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>8</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Coronary Occlusion

Due to Arteriosclerosis (Died suddenly)

Due to _____

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

10. Usual occupation Stoker operator at

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

Major findings: Of operations 940

Of autopsy _____

11. Industry or business Marquette Cement Plant

12. Name Otto Grueneberg

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

14. Maiden name Hennetta Harding

15. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

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? _____

MOTHER FATHER

16. (a) Informant's own signature Mrs Emma Grueneberg

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof 5-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loring Cem.

18. (a) Signature of funeral director R. L. Homan

(b) Address Cape Girardeau Mo

19. (a) 5-5-42 (b) H. W. Phelps
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(b) Means of injury Coroner

23. Signature Dr. J. F. Sigmond (M. D. or other)

Address Jackson, Mo. Date signed 5/2/42

1014 (Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 6-17-39 I 13851

MAY 19 1942

RECEIVED

District Health Officer No. 4

District File Number 542-648

Date Filed 5-15-42

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 Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Cape May, N.J.

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, above space should be left blank.