

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

FILED FEB 4 1943 818

Registration District No. 818 Primary Registration District No. 1003

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 4443 Bessie Ave.
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Minnie Gruenewald

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..... Single

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

7. Birth date of deceased..... July 4, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 6 21 hr. min.

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

10. Usual occupation..... Housekeeper

11. Industry or business.....

MOTHER FATHER

12. Name..... Ferdinand Gruenewald
13. Birthplace..... Germany
(City, town, or county) (State or foreign country)
14. Maiden name..... Caroline Seadler
15. Birthplace..... Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mr. Geo. Gruenewald.
(b) Address..... 7432 Augusta Ave. Normandy, Mo.

17. (a) Burial (b) Date of death..... Jan. 28, 1943.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... St. Peter's Cem

18. (a) Signature of funeral director..... Calvin F. Feutz Fun. Home.
(b) Address..... 4828 Natural Bridge.

19. (a) JAN 27 1943 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25,
year 1943 hour 4:45 minute P. M.

21. I hereby certify that I attended the deceased from 9-29-42
to 1-25-43, 19...
that I last saw her alive on Jan 25, 1943, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cerebral thrombosis

Due to.....

Due to.....

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

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).....
(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?

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature..... J. F. Budeck (M. D. or other) M.D.
Address..... 5074 Union Blvd Date signed 1-26-43

5074 N. Blair

U.C.I. 4-1950

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.....

John A. Melina....., Registered Apprentice No.....
working under my personal supervision.

Signed *John A. Melina*.....

Licensed Embalmer No. *4186*.....

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.