

FILED JAN 22 1943

Registration District No. 789

Primary Registration District No. 100

Registrar's No. 97

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

9600

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6825 Natural Bridge Ave
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 mos.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
 (d) Street No. 6227 Dardenella Ave
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Adelheid Gruenberg

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Wid.

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

7. Birth date of deceased Jan. 28th. 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>11</u>	<u>18</u>	hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Katherine Steib

(b) Address 6227 Dardenella Ave

17. (a) Cremation (b) Date thereof 1-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) JAN 19 1943 (b) G. Mc Harris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16th.
 year 1943 hour 1.15 minute A. M.

21. I hereby certify that I attended the deceased from Dec-12th, 1942 to Jan-16th, 1943

that I last saw h. er alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Diebitis
Senile type Mitral Insufficiency
Myo-Carditis

Due to Acidosis Diabetis-Coma 2 weeks
 Due to Myo- Cordial Congestion 2 "

Other conditions 61
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Died in the Home of Incurables.

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 C

23. Signature D. J. ... (M. D. or other) _____
 Address 3718 Juniper, Rd. Date signed _____

Duration
 ?
 ?

PHYSICIAN
 Underline the cause to which death should be charged statistically.

L. B. Jermison
3718 Jermison
2-4

SEP 12 1958

JAN 22 1948

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..... Me.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... A. A. Smithers.....

Licensed Embalmer No..... 3916.....

P. O. Address..... 3710 N. Grand Blvd.....

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.