

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7765

State File No. _____

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **2986**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 4604 Cecil Place
(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 22 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4604 Cecil Place
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Caroline Grumbach

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Adolph Grumbach

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

7. Birth date of deceased April 6, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>11</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name William Lindhorst

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

14. Maiden name Unknown

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

16. (a) Informant Miss Emelia Grumbach

(b) Address 4604 Cecil Place

17. (a) Burial (b) Date thereof 4/5/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Luth. Cem.

18. (a) Signature of funeral director Beiderwieden F.H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) APR 4 1945 J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1945 hour 8: minute 00 P.M.

21. I hereby certify that I attended the deceased from March 24 1945 to April 2 1945
that I last saw him alive on April 2 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myo-carditis 5400

Due to _____

Due to Curway Embalmer

Other conditions 93
(Include pregnancy within 3 months of death)

Major findings: 93

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 Adair Youngman (M. D. or other) MD
Address 5439 1st Ave Date signed 4/3/45

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

9770

Dr. Adam Youngman
5439 Hawaii
1-4 P.M.

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.....
Glen W. Hay

Licensed Embalmer No.....
3739

P. O. Address.....
1936 St. Houston

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.