S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31926

FILED OCT 25 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8937

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: 4545 LACLEDE AVE (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 ALL HIS LIFE

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. 4545 LACLEDE AVE (If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME ALFRED AUGUSTUS GRUNER

3. (b) If veteran, name war NOR

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ANNA L. GRUNER

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

7. Birth date of deceased JUNE-24-1870 (Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 21 If less than one day — hr. — min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation LUMBER DEALER

11. Industry or business RETIRED

FATHER
12. Name GUSTAVE A. GRUNER
13. Birthplace BADEN BADEN (City, town, or county) GERMANY (State or foreign country)

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

16. (a) Informant Eleanor G. Garlich

(b) Address 4545 LACLEDE AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-17-1945 (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEM.

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

(b) Address WEBSTER GROVES-MO.

19. (a) OCT 16 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15 year 1945 hour 2 minute A M.

21. I hereby certify that I attended the deceased from May 29 — 1945, to Oct. 1945; that I last saw him alive on Oct. 15 — 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach with Metastasis

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration about 3 yrs

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

23. Signature [signature] (M. D. or other) MD

Address 3506 Grand Av Date signed 10/16/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Dr [illegible] Sunenburg
86 [illegible]

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 Leslie J Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves N

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.