

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35340**

FILED DEC 31 1945
318

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. **10399**

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: 2125a Bremen Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2125a Bremen Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nora J. Gruenewald

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

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

6. (b) Name of husband or wife Charles F. Gruenewald Sr. 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 3, 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 4 25 hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Edwin J. Ely 3

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

14. Maiden name Nora Condon

15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Charles F. Gruenewald Sr.

(b) Address 2125a Bremen Ave

17. (a) Burial (b) Date thereof 12/1/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) NOV 30 1945 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28,
year 1945 hour 8:00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from June
1945 to Nov 28 1945
that I last saw her alive on Nov 28 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, Chronic
Hypertension
Due to Hypertension
Due to _____

Duration
1 yr
3 yrs

Other conditions: 12/1
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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

Of autopsy _____

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 Attestemo (M. D. or other) M.D.

Address 508 N Grand Date signed 11-29/45

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

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 William H. Burkholz

Licensed Embalmer No. 2110

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.