

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **353**
Registrar's No. **11666**

FILED JAN 21 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

100850

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution:
St. Louis City Hospital #1. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 48 Hours
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME MARGARET GRUENDLER

3. (b) If veteran, name war _____ No. _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Aug 14 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

10. Usual occupation at home

MOTHER FATHER

11. Industry or business _____

12. Name not known

13. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

16. (a) Informant John Gruendler

(b) Address 5406 Blount St

17. (a) Burial (b) Date thereof Jan 2 / 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marys Con

18. (a) Signature of funeral director John J. Bredsch

(b) Address 7077 Pershing St

19. (a) JAN 2 1946 (b) J. J. Bredsch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County — 000

(c) City or town St Louis 2/7
(If outside city or town limits, write "RURAL")

(d) Street No. 5406 Blount 9
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30th
year 1945 hour 2:45 minute P M.

21. I hereby certify that I attended the deceased from 12/29/45
_____ 19____ to 12/30/45 19____
_____ that I last saw h_____ er alive on 12/30/45 19____
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease

Due to _____

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 Herbert C. Felt 0
1515 Lafayette 12/31/45
Address (M. D. or other) Date signed

per cert to be filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.