

S. No. 2  
M-543  
7. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

354

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 740

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

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:  
LUTHERAN HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County.....  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2723 OSCEOLA ST  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME THEODORE GRUENNAGEL  
3. (b) If veteran, name war NO  
3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21  
year 1946 hour 2 minute 53 A.M.  
21. I hereby certify that I attended the deceased from Jan. 7  
19 46 to Jan. 21, 19 46;  
that I last saw him alive on Jan. 20, 19 46;  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years

Immediate cause of death.....  
Acute generalized peritonitis Duration 3 days

7. Birth date of deceased JUNE 17 1907  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
38 7 4 hr. min.

Due to Portal Cirrhosis of liver, early, with ascities & Jaundice, retention type mos.  
Other conditions Subphrenic abscess  
(Include pregnancy within 3 months of death)

9. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)  
10. Usual occupation ASST. MANAGER.

Major findings: Of operations: 12/24 PHYSICIAN  
Of autopsy as stated above  
Underline the cause to which death should be charged statistically.

11. Industry or business.....  
12. Name THEODORE GRUENNAGEL  
13. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)  
14. Maiden name BERTHA HENNING  
15. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

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.....

16. (a) Informant Mrs. Bertha Gruennagel  
(b) Address 2723 Osceola St.  
17. (a) BURIAL (b) Date thereof JAN 23-46  
(Burial, cremation, or otherwise) (Month) (Day) (Year)  
(c) Place: burial or cremation NEW ST. MARCUS CEM.  
18. (a) Signature of funeral director E. J. Schurr  
(b) Address 3125 Lafayette Av.  
19. (a) JAN 22 1946 (b) J. J. Bredeck  
(Date received by registrar) (Registrar's signature)

23. Signature J. Lewis Hunter (M. D. or other) M.D.  
Address 3606 Gravois Date signed 1/22/46

---

**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 Joe B. Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave 4

**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.**