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ev. 5-17-39
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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

28689

FILED AUG 27 1946

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7148

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 5506 Louisiana Ave / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 60 Years

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") 1297

(d) Street No. 5506 A Louisiana (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME Joseph A. Grunloh

3. (b) If veteran, name war No

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 Ida M. Geers

6. (c) Age of husband or wife if alive 67 Yrs

7. Birth date of deceased June 2nd (Month) 1873 (Day) (Year)

8. AGE: Years 74 Months 2 Days 13 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name J. J. Grunloh 4
13. Birthplace Germany (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Adelaid Mercer
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Ida M. Grunloh

(b) Address 5506 Louisiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-46 (Month) (Day) (Year)

(c) Place: burial or cremation S. S. Peter & Paul Cem.

18. (a) Signature of funeral director Wingbermuehle Funeral Home

(b) Address 3819 S. Grand Blvd

19. (a) AUG 17 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day 16th year 1946 hour 2/30 A.M. minute M.

21. I hereby certify that I attended the deceased from Aug. 10/46, 19, to Aug. 16, 1946 that I last saw him alive on Aug. 16, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Collapse	3 days
Due to Cerebral Hemorrhage	6 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

83

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 Dr. Leo P. Young (M. D. or other)

Address 2621 S. Jefferson Date signed 8/16/46

(Licensed Embalmer's Statement on Reverse Side)

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 Albert Mansfield

Licensed Embalmer No. 3077

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.