S. No. 2
OM—2-43
v. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34540

FILED NOV 7 1946

State File No. _____

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 164

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town CHARLES ~~West Alton Mo~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Josephs Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Charles
(c) City or town West Alton
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JACOB GRUNWALDT
3. (b) If veteran, name war No
3. (c) Social Security No. 499-12-4728
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
7. Birth date of deceased March (Month) 7 (Day) 1878 (Year)

8. AGE: Years 68 Months 7 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Alton (City, town, or county) Ills (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Gen. Farming
MOTHER FATHER
12. Name Jos Grunwaldt
13. Birthplace Dresden Germany (City, town, or county) (State or foreign country)
14. Maiden name Augusta Reisenkeimer
15. Birthplace Dresden Germany (City, town, or county) (State or foreign country)
16. (a) Informant Hugh Harlow
(b) Address West Alton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28 46 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery W. Alton Mo
18. (a) Signature of funeral director John A. Hoehn
(b) Address Alton Ills
19. (a) 10/30/46 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25 year 1946 hour 9 minute P.M.
21. I hereby certify that I attended the deceased from 10-9, 1946 to 10-25, 1946 that I last saw him alive on 10-25, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy	48 hrs
Due to: Cardio-Renal-Vascular Disease	Sev yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations _____
Of autopsy _____

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature O. W. Somers (M. D. or other) MD
Address St Charles Mo Date signed 10-26-46

(Licensed Embalmer's Statement on Reverse Side)

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

3386

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 11/6/46

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 John A. Hoehn

Licensed Embalmer No. 1842

P. O. Address Alton Ills.

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.