

318

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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: Josephine Heitkamp Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Hours  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

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")

(d) Street No. 3238 Nebraska Ave.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Gruendel

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Sophie 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 30, 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>3</u>	<u>2</u>	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2, year 1947 hour 3, minute 20 P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

*Legs entered through top of head  
in the deceased clothing. Please  
specify you are open to  
inspect at her home 314  
Brooklyn Ave. in room 13 -  
1947 at about 11:00 AM*

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Janitor

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Gruendel

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

14. Maiden name Not known

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

16. (a) Informant Richard Gruendel

(b) Address 3229 Childress Ave.

17. (a) Burial, cremation, or removal \_\_\_\_\_ (b) Date thereof 4/5/47  
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul Cemetery

18. (a) Signature of funeral director John H. Doherty

(b) Address 2630 Gravois Ave.

19. (a) APR 4 1947 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

Major findings: 181

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence March 13 1947

(c) Where did injury occur? at home  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury \_\_\_\_\_

23. Signature Patrick E. Taylor (M.D.)  
Address 1300 Clark Date signed 4-4-47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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..... *Robert J. Gebken*.....

Licensed Embalmer No. *4144*.....

P. O. Address..... *2630 Grovois*.....

**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.**