S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED JUL 7 1947

Registration District No. 318 — Primary Registration District No. 1003 — State File No. 22274 — Registrar's No. 6120

WRITE PLAINLY—USING 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: Jewish Hospital (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)

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") 17
(d) Street No. 4911 McPherson (If rural, give location) 9
(e) Citizen of foreign country? 12 (Yes or No) 10
If yes, name country

3. (a) PRINT FULL NAME Ruth Grunz
3. (b) If veteran, name war No
3. (c) Social Security No. 488-01-1547
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John Grunz
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 30 (Day) 1894 (Year)

8. AGE: Years 53 | Months 2 | Days 24 | If less than one day hr. min.

9. Birthplace Festus (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Salesgirl
11. Industry or business Famous-Barr Co.
FATHER
12. Name George M. Wislon
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Beborah Miller
15. Birthplace (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Laura Hurtgen
(b) Address De Soto, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUN 26 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1947 hour 7 minute 50 P. M.
21. I hereby certify that I attended the deceased from 24 June '47, 19, to 19; that I last saw her alive on 24 June 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	24 hours
Due to Essential Hypertension	several years
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy	

PHYSICIAN
Underline the cause of 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. Jerry J. Gitt (M. D. or other)
Address Humboldt Bldg. Date signed 26 June '47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) JOSEPH J. GITT

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 Ernest W. Spillers

Licensed Embalmer No. 4080

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.