. S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10226 2811

FILED APR 3 1948

Registration District No. 318

Primary Registration District No. 1005

Registrar's No.

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Peoria

(c) City or town Peoria
(If outside city or town limits, write "RURAL")

(d) Street No. 108½ LaSalle Street.,
(If rural, give location)

(e) Citizen of foreign country? N.R. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry C Grundal

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna B. Grundal

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June (Month) 8 (Day) 1890 (Year)

8. AGE: Years 57 Months 9 Days 14 If less than one day hr. min.

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

10. Usual occupation Machinist

11. Industry or business

FATHER
12. Name John Grundal
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown Mader
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Lorene Simms
(b) Address 1133 Louisville Avenue.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,

19. (a) MAR 22 1948 (Date received local registrar) J. T. Bailey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1948 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 17, 1948 to March 22, 1948 that I last saw him alive on March 22, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pemphigus vulgaris	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy Bronchial Pneumonia

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 Richard S Weiss (M. D. or other) M.D.
Address Barnes Hospital Date signed 3/22/48

Jefferson City Printing Co.

(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 Henry M. Bramner

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.