No. 2
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17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14139

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3451

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 Lutheran 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 Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3416 Wyoming St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ADOLPH GRINKE SR.
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louise
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Oct. (Month) 6 (Day) 1872 (Year)

8. AGE: Years 75 Months 6 Days 1 If less than one day hr. min.
9. Birthplace (City, town, or county) Germany (State or foreign country)
10. Usual occupation Meat Cutter
11. Industry or business
FATHER 12. Name August Grinke
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Caroline Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Edwin Grinke
(b) Address 3416 Wyoming St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Luth. Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) APR 9 1948 (Date received local registrar) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 7 year 1948 hour 11:20 minute A. M.
21. I hereby certify that I attended the deceased from Apr 1 1948 to Apr 7 1948, that I last saw him alive on Apr 7 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	7 days
Due to: Arteriosclerosis	yrs
Due to: Prostatic Hypertrophy with Incontinence of Urine	3 months
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations —
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 (c) Means of injury
23. Signature Gerry A. Dowaus (M. D. or other) M.D.
Address 5325 S. Broad Date signed 4/9/48

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 Richard W. Stoverand

Licensed Embalmer No. 4007

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.