FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31049

FILED OCT 9 1948

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 8497

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: Bethesda General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. ouis 4
(If outside city or town limits, write "RURAL") 0

(d) Street No. 5775 Riverview Blvd
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Catherine C. Gruenewald

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Gustav A. Gruenewald

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April (Month) 2 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	5	28	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles F. Helmendach
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Langendorf
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant G.A. Gruenewald
(b) Address 5775 Riverview Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2 1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat bridge Blvd

19. (a) SEP 30 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30
year 1948 hour 2 minute 50 A. M.

21. I hereby certify that I attended the deceased from Sept 21 1948 to Sept 30 1948
that I last saw her alive on Sept 29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Biliary Cirrhosis of Liver acute

Due to Common duct Gall Stone

Due to Cholelithiasis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

Duration

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 John W Stewart (M. D. or other)

Address 4660 Monford Date signed 9/30/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 22 1948

NOV 22 1948

APR 22 1949

9-4 p.m.

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. McLinar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mi

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.