

Registration District No. _____ Primary Registration District No. 1003

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:
2007a E. Fair Ave
(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

3: (a) PRINT FULL NAME John W. Grundorf Sr.
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Elisabeth (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased September 26 1868
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 1
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Andrew Grundorf

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

14. Maiden name Susan Eilermann

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

16. (a) Informant Mrs. Elisabeth Grundorf

(b) Address 2007a E. Fair Ave

17. (a) Burial (b) Date thereof 11-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.

(b) Address 2161 E. Fair Ave

19. (a) NOV 29 1948 (b) J. B. Keweler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2007a E. Fair Ave
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27
 year 1948 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov 15 to Nov 29, 1948
 that I last saw him alive on Nov 27, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Ac. Sobar (Rx)
Decumbent

Due to _____
 Due to arteriosclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy _____

Duration
10 1/2
Days

PHYSICIAN
 Underline the cause to 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? _____

While at work? _____
(Specify type of place)
 Means of injury _____

23. Signature J. B. Keweler (M. D. or other) _____
 Address 414 W. Louisa Date signed 11/29/48

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

MOTHER FATHER

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 *William S. Bushholz*

Licensed Embalmer No. *2460*

P. O. Address *St. Louis, Mo*

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.