

No. 300
1-10-47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42070**

FILED DEC 31 1948
Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **2758**

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

1. PLACE OF DEATH:

(a) County **St. Louis,**

(b) City or town **Normandy**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4015 Roland Dr.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)

In this community **10 yrs.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

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

(d) Street No. **4015 Roland Dr.**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **ELIZABETH M. GRUENDER**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Joseph J. Gruender**

6. (c) Age of husband or wife if alive **Deceased**

7. Birth date of deceased **Jan 18 1872**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	10	10	hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **At. Home**

12. Name **Henry Juergens**

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

14. Maiden name **Josephine Luis**

15. Birthplace **St. Louis County**
(City, town, or county) (State or foreign country)

16. (a) Informant **St. J. Gruender**

(b) Address **13802^e Ashland**

17. (a) **Burial** (b) Date thereof **Dec 1 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Brockland Ltd Co**

(b) Address **1827 Hogan St**

19. (a) **11-29-48** (Date received local registrar)

Thurid L. Hunsicker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **28**
year **1948** hour **5:30** minute **P.M.**

21. I hereby certify that I attended the deceased from **June 18, 1947**
19 **to Nov 28** 19 **48**
that I last saw her alive on **Nov 28** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of breasts**
metastases to lungs

Due to **50**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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) (a) Means of injury

Signature **Wayne J. Smith** (M. D. or other)

Address **2735 N. Grand** Date signed **11-29-48**

Duration **29 mo**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Gustav W. Nichols

Licensed Embalmer No. *4329*

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.