

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10102
State File No. 3173
Registrar's No. 1003

BIRTH NO. #89259 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 1036 Lami	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) THELMA			b. (Middle) GRUENDER				
c. (Last)			April 7, 1949				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH July 14, 1906	9. AGE (In years last birthday) 42	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Hours	12. IF UNDER 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (State or foreign country) Troy, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Hart Westbrook		13b. MOTHER'S MAIDEN NAME Jessie Diall		14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. XX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jessie Morgan, 1036 Lami			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION <i>Ca of Rectum with Extension to genital tract</i>	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
	DUE TO (b) DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Ho</i>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 11/20/48 to 2/7/49, 19, that I last saw the deceased alive on 4/7/49, 19, and that death occurred at 11:00am, from the causes and on the date stated above.

23a. SIGNATURE <i>J. J. [Signature]</i>		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 4/7/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 7, 1949	24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery, Bern, Mo.	24d. LOCATION (City, town, or county) (State) St. Louis, MO.	
DATE REC'D BY LOCAL REG. APR 3 1949	REGISTRAR'S SIGNATURE <i>J. B. [Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Stacker-Haldick [Signature], 3634 [Address]</i>		

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Delis J. Krupin

Licensed Embalmer No. 3497

P. O. Address 3634 Gravais

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.