

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10942

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>452</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis Co.</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RICHMOND HEIGHTS</u>		c. LENGTH OF STAY (in this place) <u>36 DAY</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RICHMOND HEIGHTS</u>		96			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1021 YALE</u>					
3. NAME OF DECEASED (Type or Print) <u>CHRISTIAN</u>			a. (First)		b. (Middle)		c. (Last) <u>GRUEN</u>		
4. DATE OF DEATH		(Month)		(Day)		(Year)			
<u>FEB. 21, 1949</u>									
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APRIL 2 1869</u>			
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>18</u>		IF UNDER 1 HR. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BAKER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u></u>			11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>CHRISTIAN GRUEN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME				ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epidural hematoma</u>				DUE TO (b) <u>Skull fractured</u>				<u>36 days</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Fracture of humerus</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Lower nephron nephrosis</u>				<u>36 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Pending</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>STREET</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>CLAYTON ST. LOUIS CO. MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JAN. 16 1949 6⁰⁰ P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>STRUCK BY AUTOMOBILE</u>					
22. I hereby certify that I attended the deceased from <u>JAN. 16 1949</u> , to <u>FEB. 21, 1949</u> , that I last saw the deceased alive on <u>FEB. 21, 1949</u> , and that death occurred at <u>5:50 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. R. Cole, M.D.</u>				23b. ADDRESS <u>6015 BRENTWOOD, CLAYTON</u>		23c. DATE SIGNED <u>2-22-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB-23-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>			
DATE REC'D BY LOCAL REG. <u>2-21-49</u>		REGISTRAR'S SIGNATURE <u>Thuid Lemmings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Boone</u>		ADDRESS <u>6536 Clayton Rd</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

96
209

R-115 The

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 Blms R Cadwell

Licensed Embalmer No. 4077

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.