V.S. No. 300
Rev. 10.48

35839

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. .....

96

BIRTH NO. 3 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 4205

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fergusom
c. LENGTH OF STAY (in this place) unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 136 Clark Ave.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY St. Louis Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ? Florissant
d. STREET ADDRESS (If rural, give location) 401 Dennis St.,

3. NAME OF DECEASED (Type or Print)
a. (First) ANNIE
b. (Middle)
c. (Last) GRUENLOH.

4. DATE OF DEATH (Month) (Day) (Year) Oct. 20, 1949.

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 15, 1876.
9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Florissant, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Korte
13b. MOTHER'S MAIDEN NAME Catherine Gerbes
14. NAME OF HUSBAND OR WIFE August Gruenloh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS August Gruenloh, Florissant, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dry gangrene lower extremities bilat. — INTERVAL BETWEEN ONSET AND DEATH 8 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Buerger's disease — yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cardiovascular renal disease
Paralysis Agitans — 453.1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 453.1
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1949, *to* 20 Oct, 1949, *that I last saw the deceased alive on* 20 Oct, 1949, *and that death occurred at* 9.45 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Joseph D. Judy D.M.D.
23b. ADDRESS 212 S. Florissant Ferguson Mo
23c. DATE SIGNED 10/21/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 24/49.
24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cem.,
24d. LOCATION (City, town, or county) (State) Florissant, Mo.

DATE REC'D BY LOCAL REG. OCT 21 1949
REGISTRAR'S SIGNATURE Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark, 1125 Hodiamont Ave.,

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Joseph D.Judy,
211 South Florissant Rd.,
9-12 --6.30-8.30 P.M.
VI.7-0709.

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 Alfred H. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.