

No. 300
48

FILED JUL 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. 21571
Registrar's No. 5650

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>21 days</u>		d. STREET ADDRESS (If rural, give location) <u>2125a Bremen Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>CHARLES F GRUENEWALD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-28-50</u>		
a. (First)	b. (Middle)	c. (Last)	8. DATE OF BIRTH <u>Jan. 14, 1930</u>	9. AGE (In years last birthday) <u>20</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock Room Clerk</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles F. Gruenewald Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Nora Ely</u>		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>499-28-0385</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Chas. F. Gruenewald Sr. 2125a Bremen</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Subacute Glomerulonephritis</u>				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUE TO (b) <u>Infection with Beta Hemolytic streptococcus</u>	DUE TO (c) <u>(supp report)</u>	
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
	II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <u>591X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>#</u>

22. I hereby certify that I attended the deceased from 6-7, 1950, to 6-28, 1950, that I last saw the deceased alive on 6-28, 1950, and that death occurred at 12⁰⁵ AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank B. Norbury O.M.D.</u>	23b. ADDRESS <u>BARNES HOSPITAL.</u>	23c. DATE SIGNED <u>6/28/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-1-50.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>JUN 29 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math Hermann & Son, Inc. 2161 E. Fair Ave.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Walter G Burnley

Signed.....
Student Embalmer

Licensed Embalmer No. 4202

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.