

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18120**  
**4278**

FILED MAY 17 1951

**318**

**1003**

Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis Mo</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		<b>2249</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hosp no 1</b>				e. STREET ADDRESS (If rural, give location) <b>3734 S Broadway</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>		b. (Middle) _____		c. (Last) <b>Gruenewald</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5-5-1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5-14-1895</b>		9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR (Months) (Days) <b>11 21</b>	IF UNDER 2 HRS. (Hours) (Min.) _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Upholster</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Chas Gruenewald</b>		13b. MOTHER'S MAIDEN NAME <b>Not Known</b>		14. NAME OF HUSBAND OR WIFE <b>Rose O Nell 3734 S Brdwy</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>W.W.#1</b>		16. SOCIAL SECURITY NO. <b>189-09-6723</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Rose Gruenewald 3734 S Broadway</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ulcer stomach</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b> <b>4 "</b>	
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) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>540.0</b>			
22. I hereby certify that I attended the deceased from <b>Oct 19 1948</b> , to <b>May 5</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>May 2</b> , 19 <b>51</b> , and that death occurred at <b>9 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Heinrich M. D.</b> (Degree or title) _____				23b. ADDRESS <b>3903 Olive St</b>		23c. DATE SIGNED <b>May 5-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-8-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National J.B.</b>		24d. LOCATION (City, town, or county) (State) <b>Jeferson Barracks Mo</b>	
DATE REC'D BY LOCAL REGISTRY <b>MAY 7 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WINGBERMUEHLE 3819S Grand Blvd</b>			

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

*J*

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**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

*Geo. W. Winklermueler Jr.*

Licensed Embalmer No. ....

*46 11*

P. O. Address

*St. Louis*

**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.