

**STANDARD CERTIFICATE OF DEATH**

State File No. **26414**

FILED JUL 31 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6494**

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) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>4171 Clay Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4171 Clay Ave.</b>		10 <b>10</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b> b. (Middle) <b>W.</b> c. (Last) <b>Gruendel</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 28, 1953.</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>Aug. 5, 1876</b>		9. AGE (In years last birthday) <b>76</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired-Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Franz Gruendel</b>		13b. MOTHER'S MAIDEN NAME <b>Wilhelmina (Unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Minnie Gruendel</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Minnie Gruendel, 4171 Clay Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage (left)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility, arteriosclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 mo</b>	
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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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>331X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **8-55**, **1953** to **6-28**, **1953**, that I last saw the deceased alive on **6-1**, **1953** and that death occurred at **11:30 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. E. Morris M.D.</b>		23b. ADDRESS <b>4110 W. Florenade</b>		23c. DATE SIGNED <b>6-29-53</b>	
24a. BURIAL/CREMATION REMOVAL (Specify)		24b. DATE <b>7/2/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Johns Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>			

DATE REC'D BY LOCAL REG. <b>JUN 30 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Ralph C. Linden*

Licensed Embalmer No. 4375

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.