

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9194

FILED APR 5 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559V Registrar's No. 24

5004
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2249</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>FESTUS MO</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	4. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>1</u>
c. LENGTH OF STAY (in this place)		c. STREET ADDRESS (If rural, give location) <u>2811 Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MT. VIEW CONVALESCING HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEF</u> b. (Middle) <u>-</u> c. (Last) <u>GRUENDLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 24 1954</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR. 7 1877</u>	9. AGE (In years last birthday) <u>77</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>AUSTRIA 4</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>JOHN GRUENDLER</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE KUCHN</u>		14. NAME OF HUSBAND, OR WIFE <u>KATI GRUENDLER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>KATI GRUENDLER 2811 Missouri</u>	

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		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Carcinoma</u> <u>6 mos</u> DUE TO (c) <u>Carcinoma of Prostate</u> <u>2 years</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>177X</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Prostate</u>		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)	
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 10-4, 1949, to March, 1954, that I last saw the deceased alive on Jan 3, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Kathi G. Jungale M.D.</u> (Degree or title)		23b. ADDRESS <u>6 Hampton Village</u>		23c. DATE SIGNED <u>3-25-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MAR. 27 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>					

DATE REC'D BY LOCAL REG. <u>3-26-54</u>		REGISTRAR'S SIGNATURE <u>John G. Fagan</u> 502-		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Lutz 296 Garfield</u>	
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St. Ingale 11⁰⁰ AM to 1⁰⁰ PM
#6 Hampton Village

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 30 1954

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.....
Signature of Student Embalmer

Signed.....
Harold C. Hill

Licensed Embalmer No. *434*

P. O. Address *2906 Dr*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.