

XC-2317603

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19741**

FILED JUN 22 1956

REG. DIST. NO. **43**

PRIMARY REG. DIST. NO. **3007**

Registrar's No. **341**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (In this place) 10 days	c. CITY OR TOWN Naylor
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital		e. STREET ADDRESS (If rural, give location) Route # 1	
3. NAME OF DECEASED (Type or Print) a. (First) Oliver b. (Middle) (none) c. (Last) Gruenwald		4. DATE OF DEATH (Month) (Day) (Year) 6/9/56	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10/25/15 1880
9. AGE (In years last birthday) 75		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10. b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Gruenwald		13b. MOTHER'S MAIDEN NAME Mary McShay	
14. NAME OF HUSBAND OR WIFE Willie Gruenwald		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) yes OW	
16. SOCIAL SECURITY NO. 337052365		17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) m. VA		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from May 30 , 19 56 , to June 9 , 19 56 , and that death occurred at 1:25 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE E. D. BASKETT, M.D., Chf Med Sv.		23b. ADDRESS VAH, Poplar Bluff, Mo.	
23c. DATE SIGNED 6/11/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 6-14-56		24c. NAME OF CEMETERY OR CREMATORY Jefferson Barr. Natl. St. Louis, Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell	
DATE REC'D BY LOCAL REG. 6/15/56		ADDRESS Poplar Bluff, Mo.	

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

See by copy 04 30/11/56

RECEIVED
JUN 18 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

JUN 29 1956
OCT 3 1956

OCT 3 1956

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 *George W. Green* _____
Licensed Embalmer No. 290

P. O. Address *Doplar B* _____

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.