

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016749

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1068

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before, (and region)	
a. COUNTY St. Louis	a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Fenton	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital-12 days	Length of stay in 1b	d. STREET ADDRESS Rt. 2 Box 173	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Ferdinand	Middle	Last Gruenthal	4. DATE OF DEATH	Month 4	Day 16	Year 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/7/1870	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	10b. KIND OF BUSINESS OR INDUSTRY Glass works	11. BIRTHPLACE (City and state or country) Bremen-Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME wife Unknown - Grace Gruenthal
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Arthur Gruenthal	Address Aftton Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Serumia	INTERVAL BETWEEN ONSET AND DEATH 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) urinary retention
	DUE TO (c) C.V.A. 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) arteriosclerotic Heart Disease	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Fenton	COUNTY Mo.	STATE
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21. I attended the deceased from **12/31/57** to **4/16/58** and last saw him alive on **4/15/58**
Death occurred at **6 P. m** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank Speck M.D.	22b. ADDRESS Fenton, Mo.	22c. DATE SIGNED 4/17/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 4/18/58	23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	23d. LOCATION (City, town, or county) (State) 3211 Sublett Mo.
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24. FUNERAL DIRECTOR Leo H. Fieser	ADDRESS Fenton Mo.	25. DATE RECD. BY LOCAL REG. 4-17-58	26. REGISTRAR'S SIGNATURE Delbert R. Danke M.D.
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
000-56
4003
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Daniel J. Mahan

Licensed Embalmer No. 48

P. O. Address Leb...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.