RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-030970

FILED WS SEP 8 1959

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 2332 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson — Length of stay in 1b: 45 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Oak Knoll Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY St. Louis
c. CITY OR TOWN Ferguson — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 409 Shirley Ave. (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Emma — Middle Augusta — Last Gruenwald

4. DATE OF DEATH Month 8 Day 28 Year 59

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12-26-75
9. AGE (last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): St. Charles, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Louis Ringe
13b. MOTHER'S MAIDEN NAME: Margaret Weil
14. NAME OF HUSBAND OR WIFE: George C. Gruenwald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Gladys Belt — Address: Ferguson, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Artero Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Gangrene left foot, mo

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 9, 1959, to Aug 28, 1959 and last saw her/him alive on Aug 27, 1959
Death occurred at 6:30 PM m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE: M D Johnson M D (Degree or title)
22b. ADDRESS: 40 N. Florissant Rd.
22c. DATE SIGNED: 8-30-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-31-59
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): St. Charles, Missouri

24. FUNERAL DIRECTOR: White-Mullen — ADDRESS: 118 N. Florissant Rd.
25. DATE RECD. BY LOCAL REG.: 8-30-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by self, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Reinhold K. Lohrmann

Signature of Student Embalmer

Licensed Embalmer No. 3395

P. O. Address St Louis 3

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