

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033854

FILED VS. SEP 21 1959

Primary Registration District No.

Registrar's No.

2 8283

STATE FILE NUMBER

ENDED

9/30/59 827

DOCUMENT Bd. of Election Comm. 12/6/59

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BY AFFIDAVIT OF Informant

MEDICAL CERTIFICATION

1. PLACE OF DEATH e. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS				Length of stay in 1b		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4319 CONNECTICUT	
3. NAME OF DECEASED (Type or print) First ANNA Middle GRUNZINGER Last GRUNZINGER				4. DATE OF DEATH Month SEPT. Day 6 Year 1959			
5. SEX FEMALE		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 11-8-1884	
9. AGE (last birthday) 75		IF UNDER 1 YEAR Months		IF UNDER 24 HR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK				10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and state or country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY U-S-A				13a. FATHER'S NAME ANTON PFOHL			
13b. MOTHER'S MAIDEN NAME UNKNOWN				14. NAME OF HUSBAND OR WIFE FRED GRUNZINGER			
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 FRED GRUNZINGER 4319 CONNECTICUT	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BASIC ULCER							INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							540.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. Month, Day, Year _____							
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		COUNTY STATE	
21. I attended the deceased from May 7 1954 to Sept 6, 1959 and last saw her alive on Sept 6, 1959 Death occurred at 5:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John A. Matthew M.D.				22b. ADDRESS 3707 Watson		22c. DATE SIGNED 9-8-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE SEPT 9 1959		23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM		23d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
24. GENERAL DIRECTOR Thomas Kutis 2906 Gravois				25. DATE RECD. BY LOCAL REG. SEP 8 '59		26. REGISTRAR'S SIGNATURE Joan Smith, M.D.	

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

Eleana Province

Licensed Embalmer No. *3403*

P. O. Address *2906 Prairie*

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.