

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-034384

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9056** STATE FILE NUMBER

AMENDED
DATE AMENDED
INSTEAD OF
SHOULD READ
ITEM NO.

FILED OCT 13 1961

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **Life**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **S Alexian Bros. Hospital** Inside Limits Yes No
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY _____
c. CITY OR TOWN **St. Louis** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **3656 Hartford St.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Charles** Middle **E.** Last **Grueninger** 4. DATE OF DEATH Month **September** Day **30th.** Year **1961**
5. SEX **M.** 6. COLOR OR RACE **W.** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **6/9/1882** 9. AGE (last birthday) **79**
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) **Retired - Real Estate** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.**

13a. FATHER'S NAME **Emil Grueninger** 13b. MOTHER'S MAIDEN NAME **Unk. Korn** 14. NAME OF HUSBAND OR WIFE **Lillian Grueninger**
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) **no** (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **Mr. Oliver G. Grueninger, # 11 Young Dr.** Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Pulmonary embolus**
DUE TO (b) **Blood Clot**
DUE TO (c) **Post Operative**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **610x**
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____
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 **St. Louis** COUNTY **St. Louis** STATE **Mo.**

21. I attended the deceased from **Sept 19-30-61** to **Sept 30-61** and last saw him alive on **Sept 30-61-10-30-61**
Death occurred at **1:00 pm.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Elmer E. Sexton M.D.** 22b. ADDRESS **909 Arcade Bldg.** 22c. DATE SIGNED **Oct 26**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **10/3/1961** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

24. FUNERAL DIRECTOR **Arthur J. Donnelly** ADDRESS **3840 Lindell Blvd.** 25. DATE RECD. BY LOCAL REG. **OCT 2 1961** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

Medical Certification
 Affidavit of
 Death
 Signed and sworn to before me on this _____ day of _____, 1961, by _____, Registrar of Health, Missouri Division of Health, St. Louis, Missouri.

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

Francis Williamson

Licensed Embalmer No.

3565

P. O. Address

3840 Lindel

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.