

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

727

Do not use this space.

17639

**1. PLACE OF DEATH**

County St. Louis Mo.  
Township  
City

Registration District No. 791  
Primary Registration District No. 1002  
(No. 4437 Bessie Ave)

File No.  
Registered No. 4574  
St. Ward

**2. FULL NAME**

Charles Greimann  
(a) Residence, No. 4439 Bessie Ave St. 10 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF WIFE Frances Greimann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31<sup>st</sup> 1859  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 3 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Watchman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

13. NAME Carl Greimann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Anne Fleming

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANTS (ADDRESS) Frances Greimann 4439 Bessie

18. BURIAL, CREMATION, OR REMOVAL PLACE Iron Cemetery DATE May 11<sup>th</sup> 1932

19. UNDERTAKER (ADDRESS) Stout & Carroll Ford Co 46009 National Bridge Ave

20. FILED MAY 20 1932

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 32

22. I HEREBY CERTIFY, That I attended deceased from Mch 12, 1929, to Aug. 9, 1931

I last saw h. im. alive on May 2, 1932 Death is said to have occurred on the date stated above, at 11:15 AM

The principal cause of death and related causes of importance were as follows:

Apoplexy (Thrombosis) Date of onset

Other contributory causes of importance: Generalized Arterio sclerosis Hypertension Hypertrophy of heart Aneurysm of ascending aorta (Aues)

Name of operation -Telecty Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. J. McBratton M.D. M. D.

(Address) Nov 17 10th St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

