

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

Do not use this space.

41568

**1. PLACE OF DEATH**

County..... Registration District No. *101*  
 Township..... Primary Registration District No. *103*  
 City *St. Louis Mo.* (No. *St. Paul Hosp.*) St. .... Ward)

File No. ....  
 Registered No. *10588*  
 St. .... Ward)

**2. FULL NAME**

*John Grieshammer*  
 (a) Residence No. *2206 University St.* Ward. *20*  
 (Usual place of abode) (If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 22 - 1864*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*69 10 16*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Maintenance Man*  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Kaufman Bros*  
 10. Date deceased last worked at this occupation (month and year) *Prod. 11/60* Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

FATHER 13. NAME *Fred Grieshammer*

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

MOTHER 15. MAIDEN NAME *Not known*

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

17. INFORMANT *John Grieshammer* (ADDRESS) *2206 University St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Memorial Park* DATE *Dec 11 1933*

19. UNDERTAKER *H. Leidner* (ADDRESS) *1417 N. Market St*

20. FILED *11 1933* *J. A. Bredek* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 8<sup>th</sup> 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 30<sup>th</sup> 1933* to *Dec 8<sup>th</sup> 1933*

I last saw him alive on *Dec 8<sup>th</sup> 1933* Death is said to have occurred on the date stated above, at *6:30 P.M.*

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

*Heart Block*  
 Date of onset *3 wks*  
*131*  
*92C*  
*95R*  
 Other contributory causes of importance:  
*Chronic myocarditis*  
*Chronic nephritis*

Name of operation..... Date of.....

What test confirmed diagnosis? *Lab.* Was there an autopsy? *No.*

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?.....

If so, specify *Arthur Gundlach* M. D.  
 (Signed) (Address) *2202 University St*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

29 1934

