82

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D OCT 14 1939

791

Registration District No. 1003

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30907

Primary Registration District No.

Registrar's No. 7970

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether

In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County

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(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 216 Douchequette
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Grebe, Thomas 610

3. (b) If veteran, name war no

3. (c) Social Security No. 486-16-0414

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Ida

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Feb. 6, 1876
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	7	8	hr. min.

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer 6

11. Industry or business P. W.A 1

FATHER
12. Name John Grebe
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Effie Matthews
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James Grebe
(b) Address 545 Bittner St.

17. (a) Burial (b) Date thereof 9/16/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director A. N. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) SEP 15 1939 (b) J. P. Bushnell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 14,
year 1939 hour 7:35 minute P. M.

21. I hereby certify that I attended the deceased from September 9, 1939, to September 14, 1939
that I last saw him alive on September 14, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Probable Cancer of Stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Geo M. Pike (M. D. or other)
Address 1515 Lafayette, Date signed 9/15/39

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I X19811

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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 this body is not embalmed, above space should be left blank.