

No. 2
11-10-39
-17-39
I X2149

SEP 25 1940
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6832**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

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

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

In this community _____
years, months or days

3. (a) PRINT FULL NAME James J. Gribben, 615

3. (b) If veteran, name war _____

3. (c) Social Security N493-03-2652

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 1911
(Month) (Day) (Year)

8. AGE: Years 29 Months 0 Days 22
If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Bottler

11. Industry or business Coco Cola Company

MOTHER { 12. Name James J. Gribben

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

FATHER { 14. Maiden name Catherine Whalen

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Gribben

(b) Address 3109 Osage St.

17. (a) Burial (b) Date thereof Aug. 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery Cullinane Bros.

18. (a) Signature of funeral director J. J. Bredeck

(b) Address 1710 N. Grand Blvd.

19. (a) AUG 12 1940 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County _____

(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")

(d) Street No. 4011 Delmar Blvd.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1940 hour 5:40 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Star Pneumonia

Due to _____

Due to Chronic Hypertrophy

Other conditions: 10
(Include pregnancy within 3 months of death)

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? _____

While at work _____ (Specify type of place) _____

(a) Means of injury _____

23. Signature Joyce M. [unclear] (M. D. or other) _____

Address Deputy [unclear] Date signed _____

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

Fred Truck

Licensed Embalmer No. *3186*

P. O. Address *St. Louis, Mo.*

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.