No. 2
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17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 354
Registrar's No. 354

Registration District No. 7911 — Primary Registration District No. 1005

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1714
(d) Street No. 5011 Lindenwood (If rural, give location) 9
(e) If foreign born, how long in U. S. A.? years. 0

3. (a) PRINT FULL NAME Allie L. Greif
3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John K.
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Oct. (Month) 28 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
66	2	13	hr. min.

9. Birthplace Paducah (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Benton Gardner
FATHER 13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER 14. Maiden name Hester Berkley
MOTHER 15. Birthplace (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs. Wm. Loud
(b) Address 5011 Lindenwood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) JAN 13 1941 (Date received local registrar) (b) J. H. Bridecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11th year 1941 hour 10:20 minute A. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Shock, Aortic Stenosis with a fatty infiltration of Myocardium, Chronic Parenchymatous Nephritis (Duration)
Due to when the car she was riding in and driven by one, John Grief, was struck
Due to by a car driven by one, Clyde DeShields, Col., on Highway #66 and
Other conditions McKenzie Road, about 6:30 PM.
(Include pregnancy within 3 months of death)
December 30th, 1940.
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) Accident
(b) Date of occurrence Dec. 30th, 1940
(c) Where did injury occur? St. Louis County (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed 1/13/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.