

S. No. 2
M-1-4-41
v. 5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43000

FILED JAN 20 1942
Registration District No. 789

Primary Registration District No. 109

Registrar's No. 45

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7315 Marietta
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Maplewood
(If outside city or town limits, write "RURAL") 5
(d) Street No. 7315 Marietta
(If rural, give location) 3
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME REV. JOHN G. GRIEBEL
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 6
year 1942 hour 1 minute 00 A.M.
21. I hereby certify that I attended the deceased from
Jan 4, 1942, to Jan 6, 1942,
that I last saw him alive on Jan 6, 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mrs. Flora Klaehn Griebel 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 10th, 1855
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 2 days
Due to 93d
Due to _____
Other conditions Chronic Myocarditis years
(Include pregnancy within 8 months of death)

8. AGE: Years Months Days If less than one day
86 4 27 _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Fort Wayne, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Pastor

11. Industry or business _____

12. Name Unknown 9

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John Griebel
(b) Address 7315 Marietta, Maplewood

17. (a) Burial (b) Date thereof Jan. 8, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis

19. (a) JAN 8 - 1942 (b) H. M. Hannon
(Date received local reports) (Registrar's signature)

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) (e) Means of injury X
23. Signature Vincent J. Conners (M. D. or other) U M D
Address 3101 Sullon Ave Date signed 1-6-42
Maplewood Mo

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

3511

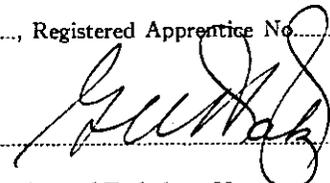
lv. v 7 Tournament
3101² Sutton

Hi 3250

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. 3737

P. O. Address 1936 St. Francis

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, fact should be so stated above.