

FILED FEB 24 1942
791

State File No.

680

Registration District No.

Primary Registration District No.

Registrar's No.

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:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9-days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Robert J. Griesedieck

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M. 0 5. Color or race W. 0 6. (a) Single, widowed, married, divorced S.

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

7. Birth date of deceased Feb. 18th., 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 11 2 hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Brewer

11. Industry or business

12. Name Hv. Griesedieck

13. Birthplace Germany 04
(City, town, or county) (State or foreign country)

14. Maiden name Rose Grone

15. Birthplace St. Louis Mo. 06
(City, town, or county) (State or foreign country)

16. (a) Informant Edw. Griesedieck

(b) Address 3250 Hawthorne

17. (a) Burial (b) Date thereof 1-23-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calyary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) FEB 22 1942 J. G. Bredes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis 17 9
(If outside city or town limits, write "RURAL")
(d) Street No. 3250 Hawthorne A
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20th.,
year 1942 hour 4 minute 10 p. 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 Bilateral Hemothorax, Bilateral Lobar Pneumonia; Contusions of chest, received when he fell
Due to asleep at the wheel of his car, causing it to strike several other cars parked at the curb in front of 4325 Shaw Ave., about 4:05 A.M.

Other conditions Jan. 11th, 1942.
(Include pregnancy within 3 months of death)

Major findings: 8
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 00c

(b) Date of occurrence Jan. 11, 1942

(c) Where did injury occur? St. Louis, Mo.
(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 3

23. Signature Arthur J. Donnelly (M. D. or other)

Address St. Louis Date signed 1/24/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

16417

X26390
009

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Luiddell

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.