

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1202

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:
1418 Farragut St. /
(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 Annie Greis
8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex Female 5. Color or race W. 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 Oct. 25th, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 3 11 _____ hr. _____ min.

9. Birthplace Herman, Mo. (U)
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Adam Greis 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Bordy
(b) Address 1418 Farragut St.

17. (a) Burial (b) Date thereof 2-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.

19. (a) FEB 8 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 1418 Farragut St. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby. day 6th.
year 1942 hour 12.55 minute P. M.

21. I hereby certify that I attended the deceased from July
1941 to Feb 6 1942;
that I last saw her alive on Feb. 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death uremia 2 wks.

Due to Cardio renal vascular disease 3 yrs
Central apoplexy 3 mos.

Due to Generalized arteriosclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 131
Of operations _____
Of autopsy _____

Duration
2 wks.
3 yrs
3 mos.
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)
(e) Means of injury _____

23. Signature Leo H. G. [illegible] (M. D. or other) D
Address 3621 N. 20th St Date signed 2/7/42

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

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.....x

Earl B. Provost

Registered Apprentice No. 289

working under my personal supervision.

Signed *A. A. Smithers*

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl

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.