S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15456

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 988

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 2/9/42 (Specify whether In this community Since 2/9/42 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL") 9

(d) Street No. 4059 Westminster (If rural, give location)

(e) If foreign born, how long in U. S. A.? - 1 years.

3. (a) PRINT FULL NAME VALENTINE A. GRITHER

3. (b) If veteran, name war WORLD

3. (c) Social Security No. 490 12-7482

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 November (Month) 23 (Day) 1892 (Year)

8. AGE: Years 49 Months 5 Days 9 If less than one day - hr. min.

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

10. Usual occupation Brewery worker

11. Industry or business Anheuser-Busch Co.

FATHER
12. Name Benedict Grither
13. Birthplace New Offenburg (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Ann Herman
15. Birthplace Weingarten (City, town, or county) Missouri (State or foreign country)

16. (a) Informant M. Schilling

(b) Address Clinical Clerk VAF, Jeff. Brks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-42 (Month) (Day) (Year)

(c) Place: burial or cremation Lawrenceston, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington

19. (a) MAY 4 - 1942 (Date received local registrar) (b) E. G. McGovran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1942 hour 2:15 minute A. M.

21. I hereby certify that I attended the deceased from February 9, 1942, to May 2, 1942 that I last saw him alive on May 2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive and coronary arteriosclerotic heart disease, cardiac enlargement, myocardial damage and myocardial insufficiency.

Duration Unknown

Due to -

Other conditions (Include pregnancy within 3 months of death)

93d

Major findings: Of operations -

Of autopsy No 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) -

(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? - (Specify type of place)

While at work? - (e) Means of injury -

23. Signature L. M. COCHRAN, M.D. (M. D. or other)

Address Chief Medical Officer Date signed 5/2/42

(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 Albert L. Lappe

Licensed Embalmer No. 2977

P. O. Address.....

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.