

S. No. 2
M-5-42
v. 5-17-39
X32675

38782

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 13 1943 18

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10661

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:
5411 North Kingshighway Blvd
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5411 North Kingshighway
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

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3. (a) PRINT FULL NAME Theresa F. Griese

3. (b) If veteran, name war.....
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Henry Griese
6. (c) Age of husband or wife if alive 1873 years

7. Birth date of deceased Dec 16th (Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 13
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER {
12. Name Frank Stiens
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Schafering
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Marie Netteler
(b) Address 5411 North Kingshighway

17. (a) Burial (b) Date thereof 1/2/43
(Burial, cremation, or temporary) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave

19. DEC 21 1942 (b) J. F. Brueck
(Received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29th
year 1942 hour 5 minute 21p

21. I hereby certify that I attended the deceased from Nov 6 to 12 29
that I last saw her alive on 12 29
and that death occurred on the date and hour stated above.

Immediate cause of death Melanotic Leucosoma 2 mi

Due to.....
Due to.....
Other conditions (include pregnancy within 3 months of death).....

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).....
(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)
(a) Signature Bernard F. Striadel (M. D. or other)
Address 1875 Madison Date signed 12 30 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *Frank H. Street*.....

Licensed Embalmer No. 2263.....

P. O. Address 4600 Mt. Bridge av.....

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.