V. S. No. 2
100M—2-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25666

FILED AUG 12 1944

Registration District No. 7 Primary Registration District No. 6076 Registrar's No. 1666

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home
(If not in hospital or institution, write street number or location) 4
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry 79
(c) City or town Perryville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gerald Wayne Griesse
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 7 (Day) 1943 (Year)
8. AGE: Years | Months 10 | Days 25 | If less than one day hr. min.
9. Birthplace Perryville (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER 12. Name Wilbert E. Griesse
13. Birthplace Lockwood (City, town, or county) Missouri 0 (State or foreign country)
MOTHER 14. Maiden name Doris Virginia Schamourg
15. Birthplace Perryville (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Wilbert E. Griesse
(b) Address Perryville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-44 (Month) (Day) (Year)
(c) Place: burial or cremation Perryville, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) AUG 8 - 1944 (Date received local registrar) (b) E. A. McHavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2 year 1944 hour 5:00 minute P. M.
21. I hereby certify that I attended the deceased from May 23, 1944, to August 2, 1944; that I last saw him alive on July 31, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute upper respiratory infection	
Due to	
Due to 1040	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature A. L. Merlin M.D. (M. D. or other)
Address 3507 Potomac Date signed 8-3-44

101

(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.....

Licensed Embalmer No. 2921

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, fact should be so stated above.