

FILED MAY 31 1946
STANDARD CERTIFICATE OF DEATH

State File No. **18443**

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **1654**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starbuck
(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. 1416 S. Broadway
Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

GEORGE GRIESER

3. (b) If veteran, name war _____
no

3. (c) Social Security No. NO

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elizabeth Grieser
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 1, 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 21
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Wagon Maker

11. Industry or business _____

MOTHER FATHER

12. Name Jacob Grieser
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Redding
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Grieser
(b) Address 1416 S. Broadway

17. (a) Burial (b) Date thereof May 25/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Boul.

19. (a) MAY 24 1946 J. F. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd
year 1946 hour 10:10 minute A M.

21. I hereby certify that I attended the deceased from 5/6/46
1946 to 5/22/46 1946
that I last saw him alive on 5/22/46
and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac Deangulation
Due to arteriosclerotic heart disease - non-culminant
Due to Cholelithiasis

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

Major findings: Of operations

Chr. Cholelithiasis
Of autopsy As above

Duration

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? _____

23. Signature J. F. Brodeur (Specify type of injury) _____
1515 Lafayette 5/22/46 (Other) _____
Address _____ Date signed _____

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

173231

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 Wm A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.