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7. 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. 21398

FILED JUL 8 1946

Primary Registration District No. 6076

Registrar's No. 1403

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
718 Bella Villa Dr.  
(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 Mo. (b) County St. Louis

(c) City or town Lemay  
(If outside city or town limits, write "RURAL")

(d) Street No. 718 Bella Villa Dr.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Walter A. Grebel

3. (b) If veteran, name war None

3. (c) Social Security No. 494-05-2400

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28  
year 1946 hour 11 minute 20 P.M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased: Feb. 20 1893  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 18 to June 28, 1946,  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

53	4	8	hr. min.
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Immediate cause of death: Coronary Thrombosis

Due to 94a

Due to \_\_\_\_\_

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

10. Usual occupation Ass't. Comptroller

11. Industry or business Mo. Athletic Ass'n.

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

MOTHER FATHER { 12. Name George Grebel

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

14. Maiden name Ida Wezler

15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Marie Grebel

(b) Address 718 Bella Villa Dr.

17. (a) Burial (b) Date thereof 7 2 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) 7-3-46 (b) E. S. McDevian  
(Date received local registrar) (Registrar's signature)

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? 0

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Dr. Meller (M. D. or other) MD  
Address 1000 Del. Bldg. Date signed 6-29-46

JUL 18 1972

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES  
BUREAU OF HEALTH CARE SERVICES  
JUL 18 1972

**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 Richard W. Storrans

Licensed Embalmer No.....

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.**