

FILED OCT 7 1946

STANDARD CERTIFICATE OF DEATH

State File No. 31773

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8290

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:
Deaconess Hosp.
(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 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 277
(d) Street No. 2142 a Gratiot
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME

Chester Grebe

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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 Feb. 14 1888
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Ret. Carpenter

11. Industry or business _____

12. Name Heinrich Grebe

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

14. Maiden name Margaret Grebe

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

16. (a) Informant Mrs. Eliz. Mitchell

(b) Address 807 Clara Ave.

17. (a) Burial (b) Date thereof 9-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation New St. Marcus

18. (a) Signature of funeral director Jos. P. Fendler

(b) Address 7128 Michigan Ave.

19. (a) SEP 25 1946 (b) J. F. Bredeek
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25
year 1946 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 28 1946 to Sept 25 1946;
that I last saw him in alive on Sept 25 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
moderate to severe

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature J. F. Bredeek (M. D. or other)

Address 3220 Washington Blvd Date signed 9/24/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3060

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Gay J. Aulbrandy

Licensed Embalmer No. 2506

P. O. Address 7128 Michigan

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.