S. No. 2
1—9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 2 1946

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38648

Primary Registration District No. 1003

Registrar's No. 9959

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:
St. Johns Hospital 0
(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 St. Louis 96

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rott Road, N.R. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME MATILDA GRIESEDIECK.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Joseph Griesedieck

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

7. Birth date of deceased Jan. (Month) 7 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	10	13	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Frank Griesedieck. 11
13. Birthplace (City, town, or county) Germany 1 (State or foreign country)

MOTHER
14. Maiden name Philominia Hauck. 1
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Alvin Griesedieck.

(b) Address Squires Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) NOV 21 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from November 1st, 1944, to November 20, 1946 that I last saw her alive on November 20, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Cardiovascular Disease with Arteriosclerosis	yrs
Due to	
Due to	
Other conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	yrs.

Major findings:
Of operations None
Of autopsy None

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 0

23. Signature Gerald A. Munsch (M. D. ~~coroner~~)

Address 33 N Meramec Clayton Mo. Date signed 11/21/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. A. Munson.
#33 No. Mermac
PA 6729
Hrs. 1:30 to 4:30 P.M.

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, M

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.