No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2566

Registrar's No. 201

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

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. ANTHONY'S
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 WEEKS (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 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3131 a OREGON 9
24 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Joan Kay Grellner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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 March (Month) 5 (Day) 1946 (Year)

8. AGE: Years 1 Months 10 Days 1 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name John Grellner
13. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name Edna Patton
15. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)

16. (a) Informant Edna Patton
(b) Address 3131 a Oregon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation PARK LAWN

18. (a) Signature of funeral director Witt Bros. L & U Co.
(b) Address 2929 S. Jefferson Ave.

19. (a) JAN 8 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 6
year 1948 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from Dec 7, 1947, to Jan. 6, 1948
that I last saw her alive on Jan. 6, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac dilatation	2 days.
Due to Brain abscess	1 mo.
Due to Meningitis Acute	2 weeks
Other conditions (include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy as above	

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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 Dr. Jno Calabrek (M. D. or other) MD

Address 2767 Gravois Date signed 1-7-48

Jefferson City Printing Co.

(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. 374

P. O. Address 2929 Jefferson a

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.