

No. 300
-10-47
-17-39
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FILED OCT 18 1948 318

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Registrar's No. 8616

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution:
St. Anthony Hospital
(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)

3: (a) PRINT FULL NAME Minnie Griemel

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife. Edward

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Dec. 21 1886
(Month) (Day) (Year)

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

61	9	9	_____ hr. _____ min.
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9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name Henry Busch

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

14. Maiden name Unknown Ehrhardt

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

16. (a) Informant Edward Griemel
(b) Address 13 Sappington Acres, Sappington, Mo

17. (a) Burial (b) Date thereof 10/4/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker - Wildale
(b) Address 3634 Gravois Ave.

19. (a) OCT 1 1948 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 13 Sappington Acres
N.R. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
year 1948 hour 12 minute 02 P. M.

21. I hereby certify that I attended the deceased from Apr. 10 1948 to Sept. 30, 1948
that I last saw her alive on Sept. 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis Duration 6 mos.

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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? _____ Means of injury _____

23. Signature A. W. Peters (M. D. or other) M.D.
Address 4145 a S. Grand Blvd. Date signed 10/1/48

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

MOTHER FATHER

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 Delis G. Kuspian

Licensed Embalmer No. 3497

P. O. Address 3634 Grannis

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.