

FILED MAY 28 1949

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17939

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1086

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

1. PLACE OF DEATH a. COUNTY <u>ST Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY OR TOWN <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>3427 Clara 20</u>	

3. NAME OF DECEASED (Type or Print) <u>DONALD GRIESHABER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 1 1949</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JULY 20, 1942</u>	9. AGE (In years last birthday) <u>6</u>	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>CHARLES GRIESHABER</u>	13b. MOTHER'S MAIDEN NAME <u>GLARA LADENHABER</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CHARLES GRIESHABER JR. 3427 Clara</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>NEPHROSIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>591X</u> <u>1336</u>		INTERVAL BETWEEN ONSET AND DEATH <u>JAN 1947</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 APRIL, 1949, to 1 MAY, 1949, that I last saw the deceased alive on 1 MAY, 1949, and that death occurred at 11:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert J. Burke M.D.</u>	23b. ADDRESS <u>St Mary's Hosp</u>	23c. DATE SIGNED <u>1 MAY 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>MAY 4/49.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>
		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>

DATE REC'D BY LOCAL REG. <u>5-4-49</u>	REGISTRAR'S SIGNATURE <u>Harold L. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JOS. W. CLARK, 1125 HODIAMONT AVE.</u>
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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Robert M Murray

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, Mo*

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.