

5. No. 300
v. 10-48

XC-101 FEB 6 1951
REG.# 91264

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3368

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 162

1. PLACE OF DEATH
a. COUNTY ST. LOUIS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give OR TOWN JEFFERSON BARRACKS, MO. c. LENGTH OF STAY (in this place) 2 DAYS

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2089

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.

STREET ADDRESS (If rural, give location) 1827 ETON HANE

3. NAME OF DECEASED
a. (First) JOHN b. (Middle) E. c. (Last) GRIBLING

4. DATE OF DEATH (Month) (Day) (Year)
JAN 18, 1951

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH JUNE 11, 1914

9. AGE (In years last birthday) 36

IF UNDER 1 YEAR Months 7 Days 7 IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) LAWRENCEBURG, INDIANA

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME HARRY GRIBLING

13b. MOTHER'S MAIDEN NAME MARY CONNOLY

14. NAME OF HUSBAND OR WIFE FRANCES GRIBLING

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS

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) BRAIN ABSCESS, RIGHT TEMPORAL LOBE, due to STREPTOCOCCI.
ANTECEDENT CAUSES to STREPTOCOCCI.
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.

INTERVAL BETWEEN ONSET AND DEATH
10 days

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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)
342 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1-17-51, 1951, to 1-18-51, ~~1951~~, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.

23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.

23c. DATE SIGNED 1-18-51

24a. BURIAL: CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 22, 1951

24c. NAME OF CEMETERY OR CREMATORY NATIONAL Cemetery

24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.

DATE REC'D BY LOCAL REG. 1/19/51

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. HOFFMEISTER U. & L. CO. & 7814 S. Broadway, Mo.

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

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

Henry J. Schuman

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.