

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24460**
3355

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 48 YEARS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3417 SMART AVENUE		d. STREET ADDRESS (If rural, give location) 3417 SMART AVENUE	

3. NAME OF DECEASED (Type or Print) ELIZABETH ELEANOR S. GREBE			4. DATE OF DEATH (Month) (Day) (Year) JULY-24-1952		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH DEC-21-1872		9. AGE (in years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME FRANK SCHERER		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE FERDINAND GREBE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MISS LYDIA GREBE 3417 SMART AVE. KANSAS CITY, MO.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 2 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Septic Heart Disease with Decompensation				DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)		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 **June 23, 1952**, to **July 24, 1952**, that I last saw the deceased alive on **July 24, 1952**, and that death occurred at **2:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE C.W. ROSE, M.D. (Degree or title)		23b. ADDRESS 1037 E. Elmwood Kansas City, Mo.		23c. DATE SIGNED July 25, 1952	
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24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 26 1952		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
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DATE REC'D BY LOCAL REG. 7-26-52		REGISTRAR'S SIGNATURE Deraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS M. Proconis 1331 BRUSH CREEK KANSAS CITY, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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. 470

working under my personal supervision.

Student Charles W. Basman...
Student Embalmer

Signed Charles H. Stickens

Licensed Embalmer No. 4560

P. O. Address 100 W. ...

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.