

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32985

State File No.

8316

SEP 25 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>		c. LENGTH OF STAY (In this place) <u>11 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis, Mo 2069</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grady City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5458 WABADA</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>GRIBLER JR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-26-1952</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>10-28-1919</u>	9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>28</u>	IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNION BUSINESS AGENT BUILDING LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ZALMA</u>		11. BIRTHPLACE (State or foreign country) <u>Mo. U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOSEPH F. GRIBLER</u>		13b. MOTHER'S MAIDEN NAME <u>LUVINA OVERTON</u>		14. NAME OF HUSBAND OR WIFE <u>MARGENE GRIBLER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARGENE GRIBLER</u> ADDRESS <u>5458 WABADA ST. LOUIS, MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wounds of skull and brain, suffered when deceased was shot with gun in the hands of unknown party or parties in rear of 1209 No 7th. St. about 10:50 P.M. Aug 26-1952</u> ANTECEDENT CAUSES <u>None</u> DUE TO (b) <u>was shot with gun in the hands of unknown party or parties</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS <u>None</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Homicide</u>				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, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-26-52-10:50 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>See above</u>		<u>E981X</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:00</u> m., from the causes and on the date stated above.							
22a. SIGNATURE <u>Frank McDonald</u> (Degree or title) _____				22b. ADDRESS <u>1200 Clark</u>		22c. DATE SIGNED <u>9/3/52</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>8-29-52</u>		23c. NAME OF CEMETERY OR CREMATORY <u>BAKER CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>LUTESVILLE Mo.</u>	
DATE REC'D BY LOCAL REG. <u>SEP 3 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME, LUTESVILLE, Mo.</u> ADDRESS _____			

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

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VS MAY 19 1960

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 J. E. Graham.....

Licensed Embalmer No. 4010.....

P. O. Address Lutesville, 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.