V.S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 12 1954

State File No. 44222

BIRTH NO. 29093 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11895

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 4 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. John Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lemay 4851
d. STREET ADDRESS (If rural, give location) 12 Mel Nor Lane

3. NAME OF DECEASED (Type or Print)
a. (First) Robert
b. (Middle) Paul Erwin
c. (Last) Gries

4. DATE OF DEATH (Month) (Day) (Year) December 15, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH May 25, 1953
9. AGE (In years last birthday) 0 — If under 1 year: Months 6, Days 10, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil
10b. KIND OF BUSINESS OR INDUSTRY ---------
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Paul Gries
13b. MOTHER'S MAIDEN NAME Elsie Durst
14. NAME OF HUSBAND OR WIFE ------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Paul Gries — ADDRESS 12 mel Nor Lane Lemay, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Bronchs - Bilateral — INTERVAL BETWEEN ONSET AND DEATH 1½ mos

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. Heart Disease Type unspecified

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 49/X

22. *I hereby certify that I attended the deceased from* Nov 17, 1953, *to* Dec 15, 1953, *that I last saw the deceased alive on* Dec 15, 1953, *and that death occurred at* 1:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Paul G. Fitzick (Degree or title) MD
23b. ADDRESS 2627 Telegraph Rd.
23c. DATE SIGNED Dec 17, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Dec. 17, 1953
24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery
24d. LOCATION (City, town, or county) (State) 2000 Lemay Ferry Rd. Lemay, Mo

DATE REC'D BY LOCAL REG. DEC 17 1953
REGISTRAR'S SIGNATURE J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U.&L.Co. — ADDRESS 7814 S. Broadway

(Licensed Embalmer's Statement on Reverse Side)

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

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.