

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28678

State File No.

BIRTH NO. FILED AUG 30 1954 REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 4902 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Wentzville Mo</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville</u>	
c. LENGTH OF STAY (In this place) <u>3642</u>		d. STREET ADDRESS (If rural, give location) <u>0920</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Aloysius</u>	b. (Middle) <u>Peter</u>	c. (Last) <u>Griesenauer</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 8 1898</u>
9. AGE (In years last birthday) <u>56</u>		10. MONTHS <u>6</u>	11. DAYS <u>11</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Filling Station Attd.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gasoline</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Flint Hill, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Joseph Griesenauer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Henke</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Griesenauer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-01-8302</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lena Griesenauer Wentzville, 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		INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 Aug 7, 1954, to Aug 19, 1954, that I last saw the deceased alive on Aug 19, 1954, and that death occurred at 2:45 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>W.E. Bergesen</u> (Degree or title)		23b. ADDRESS <u>Wentzville, Mo</u>		23c. DATE SIGNED <u>8-21-54</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 23, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Patricks</u>	
24d. LOCATION (City, town, or county) <u>Wentzville, Missouri</u>		24e. (State)			

DATE REC'D BY LOCAL REG. <u>Aug 25 1954</u>		REGISTRAR'S SIGNATURE <u>Walter P. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. C. ... Funeral Home</u>	
---	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side) Wentzville Mo

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

0920

MAY 9 1955

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 _____

Garlton J. Pitman

Student Embalmer No. 497

working under my personal supervision.

Student

Garlton J. Pitman
Student Embalmer

Signed

Annitta M. Pitman

Licensed Embalmer No. 3055

P. O. Address

Shenandoah, Va.

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.