

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13370

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2144

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Richmond Heights 4508	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		e. STREET ADDRESS (If rural, give location) # 39 Lake Forest	

3. NAME OF DECEASED (Type or Print) Edward	a. (First)	b. (Middle) J.	c. (Last) Griesedieck	4. DATE OF DEATH March 6, 1955
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED M.	8. DATE OF BIRTH March 23, 1895	9. AGE (In years) 59	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Hours 19
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres. Griesedieck Brewery Corp.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Henry Griesedieck	13b. MOTHER'S MAIDEN NAME Rosa Grono	14. NAME OF HUSBAND OR WIFE Mrs. Gertrude Griesedieck
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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. 494-07-5117	17. INFORMANT'S SIGNATURE OR NAME Mrs. Gertrude Griesedieck, # 39 Lake Forest	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH immediate
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolus.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic mitral valvulitis DUE TO (c) Mitral regurgitation		for yrs.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 410X
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22. I hereby certify that I attended the deceased from Sept 10, 1952, to 3-6, 1955, that I last saw the deceased alive on 3-6, 1955, and that death occurred at 6:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE John J. Hammond M. A.	(Degree or title)	23b. ADDRESS 634 N. Grand	23c. DATE SIGNED 3/6/55
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE March 9, 1955	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. MAR 8 1955	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	ADDRESS 3840 Lindell Blvd.
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E.P. (Licensed Embalmer's Statement on Reverse Side)

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

