

FILED JUL 25 1956

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 24331

BIRTH NO.		REG. DIST. NO. 180	PRIMARY REG. DIST. NO. 5672	Registrar's No. 13
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY LINCOLN		a. STATE MISSOURI		b. COUNTY LINCOLN
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burr Oak Township		c. CITY OR TOWN FOLEY		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 10 yr.		f. STREET ADDRESS (If rural, give location) Rural Route #1 0570		
d. FULL NAME OF HOSPITAL OR INSTITUTION 10 mi N.E. of FOLEY				
3. NAME OF DECEASED		4. DATE OF DEATH		(Month) (Day) (Year)
a. (First) FRANK	b. (Middle) Xavier	c. (Last) GREFENKAMP		JULY 16 1956
(Type or Print)				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH SEPT. 7, 1881	9. AGE (In years last birthday) 74
				UNDER 1 YEAR Months Days
				IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired cutter		10b. KIND OF BUSINESS OR INDUSTRY SHOE FACTORY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOHN GREFENKAMP		13b. MOTHER'S MAIDEN NAME ELIZABETH GEERS	14. NAME OF HUSBAND OR WIFE MARY HIRSCHMANN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-03-9613	17. INFORMANT'S SIGNATURE OR NAME WIFE - FOLEY, Mo. ADDRESS	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CANCER OF LIVER		1 YEAR
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		Morbidity 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.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
				1561
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 JAN 1956, to 7/13, 1956, that I last saw the deceased alive on 7/10, 1956, and that death occurred at 1 PM m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) [Signature] M.D.		23b. ADDRESS Elsberry, Mo		23c. DATE SIGNED 7/20/56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-19-56	24c. NAME OF CEMETERY OR CREMATORY CALVARY	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO
DATE REC'D BY LOCAL REG. 7-24-56		REGISTRAR'S SIGNATURE Emma D. Riddle		25. FUNERAL DIRECTOR'S SIGNATURE Calvin Feutz F.H. - St. Louis, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 25 1956

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..... Signature of Student Embalmer

Signed *Ralph E. Linders*

Licensed Embalmer No... 4276

P. O. Address *St. Louis, Mo*

32 5117 32 JAC

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.