No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31063

BIRTH NO. FILED SEP 30 1957 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 421

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1528 New Madrid Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 0164
e. STREET ADDRESS (If rural, give location): 1528 New Madrid Street

3. NAME OF DECEASED (Type or Print)
a. (First): Martin
b. (Middle): John
c. (Last): Grebing

4. DATE OF DEATH (Month) (Day) (Year): Sept. 17, 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 27, 1872
9. AGE (In years last birthday): 85 — IF 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): Cabinet Builder (ret.)
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (City and State or Foreign Country): Altenberg, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Grebing
13b. MOTHER'S MAIDEN NAME: Anna Noenig
14. NAME OF HUSBAND OR WIFE: Emma Richter Grebing

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.: 490-05-5977
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Theo. Grebing Cape Girardeau, 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) Chronic Pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH: 6 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 Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 6000
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?

22. *I hereby certify that I attended the deceased from* Sept 1, 1957, *to* Sept 17, 1957, *that I last saw the deceased alive on* Sept 1, 1957, *and that death occurred at* 2:00p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John Crowe MDO
23b. ADDRESS: Cape Girardeau Mo
23c. DATE SIGNED: Sept 19, 1957

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/20/57
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.

DATE REC'D BY LOCAL REG.: 9-23-57
REGISTRAR'S SIGNATURE: C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C. J. Lorberg Cape Girardeau, Mo.

(Licensed Embalmer's Statement on Reverse Side)

44-0

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

US - OCT 14 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by Walter J. Ford, Student Embalmer No. 557

working under my personal supervision..

Student Walter J. Ford
Signature of Student Embalmer

Signed C. J. Lorberg

Licensed Embalmer No. 381

P. O. Address Cape Girar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.