

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012647

FILED VS. MAR 25 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 2148** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		Length of stay in 1b	c. CITY OR TOWN St. Louis, Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Pronounced dead at INSTITUTION City Hospital,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4140 Virginia Ave., Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First William Middle V. Last Grieser, Jr.,			4. DATE OF DEATH Month February Day 23, Year 1960		
5. SEX Male.	6. COLOR OR RACE White,	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 20, 1924	9. AGE (last birthday) 35	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman		10b. KIND OF BUSINESS OR INDUSTRY City Fire Fighter	11. BIRTHPLACE (City and state or country) St. Louis County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William V. Grieser, Sr.		13b. MOTHER'S MAIDEN NAME Anna Walsh,		14. NAME OF HUSBAND OR WIFE Margaret Ann Grieser,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-2		16. SOCIAL SECURITY NO.	17. INFORMANT Address Margaret Ann Grieser, 4140 Virginia Ave.,		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Re-marrriage into pelvic cavity**
 (b) **Fracture of Pelvis and**
 (c) **Right Leg**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 DUE TO (b) **9/16.6 10**

PART II. OTHER SIGNIFICANT CONDITIONS (e.g., chronic disease condition given in PART I (a))
Shopped at store not recalled
Spitting fire of
Building at 106-108 North 824 pm.

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20c. TIME OF INJURY Hour 8:24 p.m. Month, Day, Year February 22 1960	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg., etc.) Building	20f. CITY, TOWN, OR LOCATION St. Louis Mo
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21. I attended the deceased from **300 A** and last saw her/him alive on _____

* Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Decease or title) Robert E. Ryker		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 3/25/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.	23b. DATE 2/25/60	23c. NAME OF CEMETERY OR CREMATORY National Cemetery,	23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.	
24. FUNERAL DIRECTOR ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.		25. DATE RECD. BY LOCAL REG. FEB 24 1960	26. REGISTRAR'S SIGNATURE Loan Smith. M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

S.P.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by me Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe S. Benz

Licensed Embalmer No. 4249
2842 Meramec
P. O. Address St. Louis, 1

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.