

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

#63-034401

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2336 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

FILED AUG 19 1963

VS 300
Rev. 4/59

1 4007

2 4021

3

4 1

5 2

6

7 0

8 2

9 4201

10

11

12 40-2

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Webster Groves</u>		Length of stay in 1b <u>23 DAYS</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		c. CITY OR TOWN <u>Des Peres</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Glenwood Hospital 1300 Grand Rd.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>941 Des Peres Rd.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>EMILIE</u> Middle <u>G</u> Last <u>GREB</u>			4. DATE OF DEATH Month <u>7</u> Day <u>22</u> Year <u>63</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>
8. DATE OF BIRTH <u>7/22/91</u>		9. AGE (last birthday) <u>72</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>			11. BIRTHPLACE (City and state or country) <u>Creve Coeur, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>John Lindner</u>			13b. MOTHER'S MAIDEN NAME <u>? Bopp</u>		14. NAME OF HUSBAND OR WIFE <u>Reinhold Greb, Dec'd.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT Address <u>31 Wilbert Greb, 941 Des Peres Rd. St. Louis</u>			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute coronary embolism</u> DUE TO (b) <u>generalized and cerebral atherosclerosis</u> DUE TO (c) <u>arteriosclerotic heart disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>acute cystopyelitis, senile psychosis</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <u>6-29-63</u> to <u>7-22-63</u> and last saw her ^{her} alive on <u>7-22-63</u> . Death occurred at <u>2:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Peter R. Bopp M.D.</u> (Degree or title)				22b. ADDRESS <u>1300 Grand Rd. St. L. Mo.</u>		22c. DATE SIGNED <u>7-23-63</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-24-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Olive & Warson, St. Louis, Co.</u>		
24. FUNERAL DIRECTOR <u>Bopp Chapel, Kirkwood, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>7-23-63</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

USE BLACK INK OR TYPEWRITER RIBBON

2008

11/2

11/2

2726

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 Francis J. Wyland Jr.

Licensed Embalmer No. 4512

P. O. Address Kirkwood, Mo.

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.

2008