

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

28605

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City... St. Louis, Mo.

(No. 1110 Arsenal Street)

File No.....

Registered No.....

8138

St.....

Ward)

2. FULL NAME George Gries

(a) Residence. No. 1110 Arsenal Street St., 14 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Martha Gries

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 8, 1867.

7. AGE

60

YEARS

5

MONTHS

3

DAYS

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Anheuser-Busch

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

**11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Unknown**

12. MAIDEN NAME OF MOTHER Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Unknown**

14.

INFORMANT Martha Gries
(Address) 1110 Arsenal Street

15.

FILED SEP 13 1927
REGISTRAR Max C. Stanley

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 11th, 1927

17. I HEREBY CERTIFY, That George Gries died on Sept 11, 1927, at 1110 Arsenal Street, St. Louis, Mo., and that I last saw him alive on Sept 11, 1927, at that death occurred, on the date stated above, at 7:40 A. m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premia Heart
Failure
49
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Heart failure
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? 1110 Arsenal St
about one year ago

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS Physic. & Micro

(Signed) J. J. Smith, M. D.

9/11, 1927 (Address) 4930 Judson

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

New St. Marcus

DATE OF BURIAL

Sept. 14 1927

20. UNDERTAKER

Wacker-Heldrich
J. Brody

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

