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

Do not use this space. 3643

1. PLACE OF DEATH
County St. Louis — Registration District No. 791 — File No. 239
Township — Primary Registration District No. 1003 — Registered No. 239
City St. Louis (No. 919 W. Taylor St. Ward)

2. FULL NAME Emily Griner
(a) Residence. No. 14214 Clay St., 10 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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louis Griner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27 1864

7. AGE: Years 64 | Months 5 | Days 8 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Charles Berdeaux
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) not known
12. MAIDEN NAME OF MOTHER: Frederica Kempf
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) not known

14. INFORMANT: Jacob Gemmins
(Address) Belleville Ill.

15. FILED 1-5 1929 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 5 1929

17. I HEREBY CERTIFY, That I attended deceased from 12-24, 19__, to 1-5, 1929, that I last saw h. 2 alive on 1-5-29, 19__, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Fabulosa
1075
10 00 (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Finding
(Signed) K. Kaufman, M. D
1-15-1929 (Address) Wall Bldg

*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: Belleville Ill. — DATE OF BURIAL: June 7 1929

20. UNDERTAKER: Edgar A. Baldwin Grundlach & Co. — ADDRESS: Belleville Ill.

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.

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