

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

Do not use this space.

36055

File No. 10576
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 7911
Township _____ Primary Registration District No. 200628
City St. Louis (No. 34182, Nebraska)

2. FULL NAME

(a) Residence, No. 38182 Nebraska St. 24 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 19 1869</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>9</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Landscape Gardening</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. <input checked="" type="checkbox"/>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>John Griesemer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>unknown</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
	17. INFORMANT <u>The Striker</u> (ADDRESS) <u>34182 Nebraska Ave</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Pauls Churchyard</u> DATE <u>10-19 1931</u>		
19. UNDERTAKER (ADDRESS) <u>W. Schumacher St. 3013 Meramec St.</u>		
20. FILED <u>OCT 18 1931</u> <u>May C Stark</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4th, 1931, to Oct. 16th, 1931.
I last saw him alive on Oct. 16th, 1931. Death is said to have occurred on the date stated above, at 5:25 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis
1910
Other contributory causes of importance:
131
Premia

Name of operation _____ Date of _____
What test confirmed diagnosis clinical symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Geo. H. Baker M. D.
(Address) 3353 Westradale, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

James M. Wilson
New York

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