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.

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

Do not use this space.

42224

791

1. PLACE OF DEATH

County DEACONIS — Registration District No. 1003 — File No. 11354

Township HOSPITAL — Primary Registration District No. — Registered No. 11354

City OAKLAND AVE (No. Deaconess Hospt St. Ward)

2. FULL NAME ELIZABETH GREBE

(a) Residence. No. 2142a GRATOIT ST St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
FEMALE	WHITE	SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SINGLE

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JULY 29 - 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	68	4	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work HOUSE WORK.

(b) General nature of industry, business, or establishment in which employed (or employer) 244

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ST. LOUIS
(STATE OR COUNTRY) MO 1

PARENTS

10. NAME OF FATHER HENRY GREBE

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 10
(STATE OR COUNTRY) GERMANY

12. MAIDEN NAME OF MOTHER MARGARET WEIDER

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

14. INFORMANT CHESTER GREBE
(Address) 2142 GRATOIT ST

15. FILED DEC 21 1932 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) DEC 20 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1932, to Dec 20, 1932 that I last saw her alive on Dec 19, 1932, and that death occurred, on the date stated above, at 4:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Chronic hypocardiac

(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. [illegible], M. D.

Dec 21, 1932 (Address) 203 Beaumont 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	DATE OF BURIAL
VEW. ST MARCUS	DEC 23 1932
20. UNDERTAKER	ADDRESS
FL. TRAUBE	3013 MERAMEC ST