

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

Do not use this space.

17904

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St Louis** (No.)

File No.
Registered No. **4097**
St. Ward)

2. FULL NAME

GEORGE GRESCHNER

(a) Residence, No. **1409 Salisbury** St., **26** 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MAY 1ST 1865**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 - 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Concrete Finisher**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Retired**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **73**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria Hungaria**

13. NAME **JOSEPH GRESCHNER**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **AUSTRIA HUNGARIA**

15. MAIDEN NAME **NOT KNOWN**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **AUSTRIA HUNGARIA**

17. INFORMANT **Mary Greschner** (ADDRESS) **1409 Salisbury**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **May 9th 1933**

19. UNDERTAKER **Edmond [unclear]** (ADDRESS) **3516 [unclear]**

20. FILED **MAY - 8 1933** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 6th 1933**

22. I HEREBY CERTIFY, That I attended deceased from **April 10, 1933**, to **May 6, 1933**

I last saw him alive on **May 2, 1933**. Death is said to have occurred on the date stated above, at **10:00 a.m.**

The principal cause of death and related causes of importance were as follows:

4607
Chronic Myocarditis
Heart Failure
Carcinoma of Esophagus
Hypertensive Heart Disease
Interstitial Nephritis
Chronic
Date of onset **No. today**

Name of operation Date of
What test confirmed diagnosis? **clinical** 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) **Alexander J. Kotko**, M. D.
(Address) **6516 Oakland**

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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