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.

JUN 26 1934

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

Do not use this space.

1. PLACE OF DEATH
County Ste. Genevieve — Registration District No. 780 — File No. 14052
Township Ste. Genevieve — Primary Registration District No. 6025 — Registered No. 24
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Nicholas Grieshaber
(a) Residence, No. ..... St., ... 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: Male
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: Mary Grieshaber
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 16, 1853
7. AGE: YEARS 81 — MONTHS 0 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Weingarten, Missouri

FATHER
13. NAME: Nicholas Grieshaber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baden, Germany

MOTHER
15. MAIDEN NAME: Magdalena Ritter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baden, Germany

17. INFORMANT (ADDRESS): Lawrence Grieshaber, Weingarten, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Weingarten DATE April 25, 1934
19. UNDERTAKER (ADDRESS): Leo C. Basler, Ste. Genevieve, Mo.
20. FILED Apr 23, 1934 T. W. Douglas, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 23, 1934
22. I HEREBY CERTIFY, That I attended deceased from August, 1932, to April 23, 1934
I last saw him alive on April 3, 1934. Death is said to have occurred on the date stated above, at 1:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	April 23-34

87-1

Other contributory causes of importance:
Cerebral Sclerosis
Arterial Hypertension
Arterio Sclerosis
10 years

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

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? ✓
If so, specify
(Signed) C. J. Clapsaddle, M. D.
(Address) Ste. Genevieve Mo.