

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

Do not use this space.

27125

**1. PLACE OF DEATH**

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

File No.....  
 Registered No. **7362**  
 St..... Ward.....

**2. FULL NAME**

**Frank M. Greable Jr**  
 (a) Residence, No. **Forest Park Underwood** (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 **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Vera Webster Greable**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 6 1894**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**40 5 14**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Unemployed**  
 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) **St. Louis Mo**

FATHER 13. NAME **Frank M. Greable Sr.**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cape Girardeau Mo.**

MOTHER 15. MAIDEN NAME **Mary Mc Carthy**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT (ADDRESS) **Vera Webster Greable 218 N. Grand St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Memorial Park July 25 1934**

19. UNDERTAKER (ADDRESS) **Speck Brothers 1121 Franklin Ave**

20. FILED **21 1934** **J. H. Bredeck** Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 23 1934**

22. I HEREBY CERTIFY That I attended deceased from 19... to 19...

I last saw him alive on 19... Death is said to have occurred on the date stated above, at **2:30 p.m.**

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

**Chronic Myocarditis  
Chronic Interstitial Nephritis  
Edema of Lung**

Other contributory causes of importance:

**1600 Carbonic of Liver  
131  
450  
1934**

Name of operation Date of operation  
 What test confirmed diagnosis? 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?  
 If so, specify

(Signed) **John J.weeney M.D.**  
 (Address) **Deputy Physician**  
**7/24/34**

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.

AUG 15 1934

