

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

Do not use this space.

MAR 12 1936

8320

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City..... (No. **5408, 2, Broadway**) St. _____ Ward _____

File No. _____
 Registered No. **2000**

2. FULL NAME JOSEPH. GREIF

(a) Residence, No. 5408 2 Broadway St. 15 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 3 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sausage Maker
 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) Germany

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Ernest Hilmer
 (ADDRESS) 5408 2 Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marins Cemetery DATE Feb. 24 1936

19. UNDERTAKER Joe P. Tandler Jr.
 (ADDRESS) 2124 Washington Ave

20. FILED FEB 23 1936 J. F. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935, to Feb 22, 1936

I last saw him alive on Feb 22, 1936 Death is said to have occurred on the date stated above, at 12:30 p. m.

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

Ch. Myocarditis Date of onset _____

Other contributory causes of importance:

arteriosclerosis

Name of operation none Date of _____
 What test confirmed diagnosis? n 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) Max Stubbell, M. D.
 (Address) 5-12 S. 9th St.

