

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

Do not use this space.

OCT 20 1936

33726

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. Missouri Methodist Hospital)

File No. _____
Registered No. 1195
St. _____ Ward _____

2. FULL NAME

Mary M. Greub

(a) Residence, No. 2008 Calhoun St. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Jacob Greub

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 21, 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>78</u>	<u>4</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

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) Sedansville, Ohio.
STATE OR COUNTRY

13. NAME John Romig

14. BIRTHPLACE (CITY OR TOWN) Wurtemberg, Ger.
(STATE OR COUNTRY)

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) Wurtemberg, Ger.
(STATE OR COUNTRY)

17. INFORMANT Miss Lula Greub
(ADDRESS) 2008 Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cemetery DATE Sept. 22, 1936

19. UNDERTAKER Walter Meierhoffer
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED 9-22-36 W. J. Nestlebusch
Regist. Div. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1936 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1936 to Sept 20, 1936

I last saw her alive on Sept 26, 1936 Death is said to have occurred on the date stated above, at 7.30 m. A.M.

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

Cerebral Hemorrhage Date of onset 9/19/36

Other contributory causes of importance:
Senile arteriosclerosis
Chronic rheumatoid

Name of operation None Date of _____

What test confirmed diagnosis Physician Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 1936

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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) J. H. Thompson, M. D.
(Address) 925 Charles St. St. Joseph, Mo.

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.

