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.

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

791 1
1003 2

817
Do not use this space.

1. PLACE OF DEATH
(a) County FEB 12 1938 Registration District No.
(b) Township Primary Registration District No. Registered No. 673
(c) City St. Louis (d) Street No. DePaul Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lula Griesedieck 633
(a) Residence, No. 453 North 14th Street (E. St. Louis) St. RR E St. Louis Ill.
(Usual place of abode, if no street address, write county or city) (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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank Griesedieck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 27, 1877

7. AGE: YEARS 60 | MONTHS 9 | DAYS 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as saw mill, bank, etc.: At Home
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, Missouri 6

FATHER
13. NAME: Jacob Walter 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany 6

MOTHER
15. MAIDEN NAME: Mary Koeller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): Walter F. Griesedieck 612 Veronica Ave. E. St. Louis? Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Missouri Crematory DATE: January 20, 1938

19. FUNERAL DIRECTOR (ADDRESS): Wm. J. Robert 1905 S. Grand Blvd.

20. FILED JAN 19 1938 19.... J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1937, to Jan 18, 1938
I last saw her alive on Jan 18, 1938. Death is said to have occurred on the date stated above, at 6.55 P.m. M.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Left

Date of onset

82a'

Other contributory causes of importance:
Cerebral Hemmorrhage
Hypertension

Name of operation Date of
What test confirmed diagnosis? Clinical findings 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) Arthur W. Thompson M. D.
(Address) Suite 1242 Missouri Theatre Bldg

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Wm J Robert, Licensed Embalmer No. 502

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Wm J Robert

Licensed Embalmer No. 502

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)