

FEB 16 1938

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

4190
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
 (b) Township Carondolet Primary Registration District No. _____
 (c) City _____ (d) Street No. 9440 Kirchner Avenue Registered No. 232
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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

Louisa Grieshaber 62.1
 (a) Residence, No. 9440 Kirchner Avenue St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 2nd 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6th 1938 to Feb. 2nd 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 16th, 1863

I last saw her alive on Feb. 1st 1938 Death is said to have occurred on the date stated above, at 10 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 1 16

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

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. _____
 10. Date deceased last worked at this occupation (month and year) September 1937 11. Total time (years) spent in this occupation _____

Chronic Hepatitis Date of onset 1/5/38
2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve County Missouri

Other contributory causes of importance:
Arteriosclerosis

FATHER 13. NAME Felix Hogenmiller

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

MOTHER 15. MAIDEN NAME Susan Faller

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

17. INFORMANT Edward Grieshaber (ADDRESS) Festus, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Weingarten, Mo. DATE February 4 1938

19. FUNERAL DIRECTOR Albert H. Hoppe Inc., (ADDRESS) 429 N. Euclid Avenue

20. FILED 2-3 1938 58 May 1938 Local Registrar.

Name of operation _____ Date of _____
 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? no.
 If so, specify _____

(Signed) J. W. Smith M. D.
 (Address) 420 W.ilmington Ave.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
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

B. C. Duncan

Licensed Embalmer No. 2272

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