REC'D APR 15 1938

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

10249
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 86
(b) Township Washington, Primary Registration District No. 5127 Registered No. 17
(c) City St Joseph (d) Street No. 40th. & Faraon 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. 12 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward Grieme, 650
(a) Residence, No. 40th. & Faraon, R.F.D.# 1 St.
(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: Male
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: Grace Grieme,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 9, 1385
7. AGE: YEARS 52, MONTHS 6, DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Interior
9. Industry or business in which work was done, as saw mill, bank, etc.: Decorator,
10. Date deceased last worked at this occupation (month and year): March 1938
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clarinda, Iowa,

FATHER
13. NAME: Herman Grieme,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Germany,

MOTHER
15. MAIDEN NAME: Caroline Griple,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Illinois,

17. INFORMANT (ADDRESS): Mrs Edward F. Grieme R.F.D.# 1, St. Joseph, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Mt. Mora Cem. DATE March 22, 1938
19. FUNERAL DIRECTOR (ADDRESS): Keaton-Bergale & Bowman St. Joseph, Mo. Funeral Home
20. FILED Mar. 22, 1938 B. W. Tadlock M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 20th, 1938
22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1938, to 3/20, 1938
I last saw him alive on 3/20, 1938. Death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset 3/20/38
Coronary Heart Disease when
94 B.

Other contributory causes of importance:

Name of operation: Colonial 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?
If so, specify
(Signed) C. S. Franson, M. D.
(Address) 6 20 Francis St

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-7-[illegible]-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself Mar. 20, 1938

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

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.)