

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

19299
Do not use this space.

REC'D JUN 10 1938

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
 (b) Township _____ Primary Registration District No. 3034 Registered No. 108
 (c) City Moberly (d) Street No. 330 Dr. Beulah St. 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 61 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Bertha Griegriek 652
 (a) Residence, No. 330 Dr. Beulah St. 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

3. SEX ♀ 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Griegriek
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 11 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house-wife
 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) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 FATHER 13. NAME William Selevin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Bertha Jaeger
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Poetz, Peter
Moberly Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo. DATE May 26 - 1938
 19. FUNERAL DIRECTOR (ADDRESS) William J. Fox
Moberly Mo.
 20. FILED May 26 1938 Ethel Blotz
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 - 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jun 24, 1938, to May 24, 1938.
 I last saw her alive on May 23, 1938. Death is said to have occurred on the date stated above, at 4:30 Am.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset May 24 1938
HTN
 Other contributory causes of importance: Hypertension
 Name of operation none Date of _____
 What test confirmed diagnosis? Chin 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) Martin P. Hunter, M. D.
 (Address) Moberly, Mo.
662

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.

STATEMENT BY LICENSED EMBALMER

I, Albert K. Seehan, Licensed Embalmer No. 1849
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Albert K. Seehan
Licensed Embalmer No. 1849

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.)