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

REC'D AUG 12 1938

23617
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 6311

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis.
(d) Street No. St. Johns 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 Joseph Griesedieck. 623
(a) Residence, No. Kirkwood, Mo. Rott Road. St. NR
(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 Mathilda Griesedieck.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1863.

7. AGE: Years 75 | Months 0 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Brewer.
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) Germany

FATHER
13. NAME Anton Griesedieck.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

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

17. INFORMANT Alvin Griesedieck.
(ADDRESS) Kirkwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE 7-16-38, 19

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly.
(ADDRESS) 3840 Lindell Blvd.

20. FILED JUL 14 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1938.

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1938 to July 14, 1938
I last saw him alive on July 14, 1938. Death is said to have occurred on the date stated above, at 1:40 A. M.
The principal cause of death and related causes of importance were as follows:

Fracture Right Hip (Femur - Intertrochanteric) — Date of onset 7-11-38

Other contributory causes of importance:
Heart Block — 6-12-38
Cardiac Vascular Disease (by portrait) — 6-12-38
Shock from fracture of Hip — 7-11-38

Name of operation: Reduction Pin Fixation Femur — Date of operation 7-11-38
What test confirmed diagnosis: X-Ray - Hip. Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-11, 1938
Where did injury occur? Home, 3rd Floor
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Slipped on floor falling backwards
Nature of injury Fracture of Hip (Intertrochanteric)

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

(Signed) D. Raeuendeck, M. D.
(Address) 4390 W Pine Blvd

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed W H Van Matre

Licensed Embalmer No. 2825

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.