

REC'D AUG 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH

23695

Do not use this space.

6389

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No..... Registered No.....  
(c) City St. Louis (d) Street No. Giles & Chippewa 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Grefe

(a) Residence, No. 3507 S. 2nd St. St. 24 (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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 3rd 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
75 3 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
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) 10 mo  
11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

FATHER 13. NAME John Hy. Grefe

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

MOTHER 15. MAIDEN NAME Minnie Schick

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

17. INFORMANT Mill Luedde (ADDRESS) 3723a Dunnica St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE July, 18, 1938

19. FUNERAL DIRECTOR Wacker-Helderle (ADDRESS) 2331 S. Broadway

20. FILED JUL 17 1938 J. F. Bridick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 15th, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on....., 19...... Death is said

to have occurred on the date stated above, at 4.30 P.M.

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

Haemorrhage from (a) ruptured Pulmonary Vein (b) Ruptured spleen (c) ruptured liver  
Occurred when struck by fly brush sedan driven by

Other contributory causes of importance  
one Wm. Schaeffer about 4 1/2 July 15-1938 at the intersection of Giles and Chippewa St.

Name of operator James C. ...  
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 7/15/38

Where did injury occur? St. Louis, Mo (Specify city or town, county, and State)  
Public Place

Manner of injury SEE WORK  
Nature of injury SEE WORK

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify None

(Signed) James C. ... (Address) ...

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, Robert Wheeler, Licensed Embalmer No. 2128

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 Robert Wheeler  
Licensed Embalmer No. 2128

**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.)**