

REC'D FEB 10 1939

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

303
 Do not use this space.
 308

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
 (b) Township 1 Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 1814 N. LEFFINGWELL 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

610 ESTELLA G. GREVE
 (a) Residence, No. 1814 N. LEFFINGWELL St. 20
 (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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 27, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 5 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NONE
 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) St. Louis, Mo

FATHER 13. NAME JOHN H. GREVE

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

MOTHER 15. MAIDEN NAME ANNIE G. EVERS

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

17. INFORMANT (ADDRESS) Mr. Joe Buehler
4047 N. Newstead

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cemetery DATE Jan. 11, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mr. M. Schumacher
4834 Natural Bridge

20. FILED JAN 10 1939 J. J. Buehler
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1939, to death, January 8, 1939
 I last saw him alive on January 7, 1939. Death is said to have occurred on the date stated above, at 1:30 P. m.

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

Coronary Thrombosis Date of onset 1-7-39

Other contributory causes of importance:

Auricular Fibrillation

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) Edwin Sauter M. D.

(Address) 1331 North Seventh St.

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 _____

Licensed Embalmer No. 3880

P. O. Address _____

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.)

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