

REC'D FEB 10 1939

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

506  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Sixteen Registration District No. 791  
(b) Township St. Louis Primary Registration District No. 1003  
(c) City St. Louis (d) Street No. St. Anthony Hosp. Registered No. 506  
(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

614 Richard Henry Greubel  
(a) Residence, No. Route 8, box 566, Lemay, Mo. St. MO Lemay Mo.  
(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 5, 1938</u>		
7. AGE YEARS <u>-</u>	MONTHS <u>4</u>	DAYS <u>10</u>
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>none</u>	
	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) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>Alfred Greubel</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Fannie Lochner</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Alfred Greubel</u> (ADDRESS) <u>Lemay, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mattese, Mo.</u> DATE <u>Jan. 17/39</u>		
19. FUNERAL DIRECTOR <u>Fendler Und. Co.</u> (ADDRESS) <u>7420 Michigan Ave.</u>		
20. FILED <u>JAN 16 1939</u> <u>J. D. Bruch</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan. 15</u> , 19 <u>39</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan. 14</u> , 19 <u>39</u> , to <u>Jan. 15</u> , 19 <u>39</u> I last saw h. in. alive on <u>Jan. 15</u> , 19 <u>39</u> . Death is said to have occurred on the date stated above, at <u>10 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Haemorrhage of lower abdominal cause unknown.</u> Date of onset <u>1/14/39</u>
Other contributory causes of importance: <u>do not know.</u>
Name of operation <u>none</u> Date of <u>none</u>
What test confirmed diagnosis? ..... Was there an autopsy? .....
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? <u>no</u> If so, specify .....
(Signed) <u>Dr. F. W. Johnson</u> M. D.
(Address) <u>3115 L. Howard</u> <u>Lemay Mo.</u>

(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.

1 X12804

Dr. Buck  
3115 S. Grand 3 room

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STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed



Licensed Embalmer No. 2679

**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.)**