

REC'D MAY 10 1939

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

13019  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1008**  
(c) City St. Louis, Mo. (d) Street No. 3640a Virginia St. **3361**  
(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 **blw** Mrs. Elizabeth Griebel

(a) Residence, No. 3640a Virginia Avenue St. **16**  
(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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Frederick Griebel  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1874  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 8 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Household  
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) German

FATHER 13. NAME George Trog

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

MOTHER 15. MAIDEN NAME Dorothy Cuntz

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

17. INFORMANT Mr. Frederick Griebel  
(ADDRESS) 3640a Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE April 13, 1939

19. FUNERAL DIRECTOR (NAME) Beiderwieden F. H. Inc.  
(ADDRESS) 1936 St. Louis Avenue

20. FILED APR 11 1939 19 J. F. Bruders  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1939, to April 10, 1939  
I last saw her alive on April 10, 1939. Death is said to have occurred on the date stated above, at 11:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Gastric  
Calarrhat infection  
upper respiratory tract  
Chronic myocarditis

Other contributory causes of importance:  
Coronary Embolism

Name of operation ..... Date of .....  
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? .....  
If so, specify Adams & Youngman, M. D.  
(Signed) 5439 Bravois  
(Address)

Date of onset April 6  
1936

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.

Dr. Youngrove  
5439 Erani.

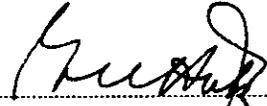
**STATEMENT BY LICENSED EMBALMER**

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

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3037

P. O. Address 1936 St. Louis Ave

**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.**