

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.

REC'D AUG 7 1939

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 1315

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Epworth School for Girls
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 5 Yrs. (Specify whether years, months or days)
In this community about 5 Yrs.

3. (a) PRINT FULL NAME Joseph S. Griser 626
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Late Julia Griser 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Sept. 29 1874
(Month) (Day) (Year)

| | | | |
|---------------|----------|-----------|----------------------|
| 8. AGE: Years | Months | Days | If less than one day |
| <u>64</u> | <u>9</u> | <u>22</u> | hr. _____ min. |

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Maintainance Man

11. Industry or business Epworth School for girls

MOTHER FATHER
12. Name Joseph Griser
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Ellen Griser
(b) Address 4944a Berthold Ave.

17. (a) Burial (b) Date thereof 7-24-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) JUL 21 1939 (b) D.R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. Elm & Marshall Sts.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 21st
year 1939 hour 6:15 minute A.M. M.
21. I hereby certify that I attended the deceased from July 20
_____, 19____, to _____, 19____;
that I last saw him alive on July 20, 1939
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

Due to Coronary thrombosis
Due to Myocardial infarction

Other conditions 93c
(Include pregnancy within 5 months of death)

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) (e) Means of injury _____
While at work? _____
23. Signature Ray Robertson (M. D. or other)
Address 6402 E. Bay View Date signed 7-21-39

648 F
1-2 3/80
Big Bend

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 *Edmund M. Stewart*
Licensed Embalmer No. *3024*

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.