

FILED FEB 15 1940

Registration District No. 760

Primary Registration District No. 2001

Registrar's No. 101

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town Hamburg ^{Mo}
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Ten Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Henery Griewing 652

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Husband 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 4, 1868 67
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>9</u>	<u>21</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business 0

MOTHER FATHER { 12. Name Herman Griewing 6

13. Birthplace Germany 0
(City, town, or county) (State or foreign country)

14. Maiden name Sarva Biallingweil

15. Birthplace St Charles Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alfreder Griewing

(b) Address Hanby road

17. (a) (b) Date thereof Jan 23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Charles Mo

18. (a) Signature of funeral director Morris Muechany

(b) Address Hamburg Mo

19. (a) Jan 23-40 (b) W. A. Hestley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles
(c) City or town Hamburg 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1940 hour 7:40 minutes 45 P. M.

21. I hereby certify that I attended the deceased from Jan 5 to Jan 21, 1940, that I last saw him alive on Jan 19, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial

Due to Sclerosis of Arteries

Due to Several years

Other conditions None

Major findings: Of operations None

Of autopsy None

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? _____

23. Signature Wm. Barnard (M. D. or other) 1

Address Hamburg Mo Date signed 1940

Duration 15 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 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..... Morris Muschany.....

Licensed Embalmer No..... 2461.....

P. O. Address..... Hamburgmo.....

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.