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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5191

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2021

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 6
(If outside city or town limits write "RURAL")

(d) Street No. 1315 Semple Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John J. Gribben,

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katherine Madden

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Jan. (Month) 12 (Day) 1884 (Year)

8. AGE: Years 56 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation Shoemaker 5

11. Industry or business 5

FATHER
12. Name Richard Gribben
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Mary Murray
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Anna Gribben
(b) Address 1315 Semple

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 29 40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros
(b) Address 1710 N. Grand Blvd.

19. (a) FEB 28 1940 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26 year 1940 hour 6 minute 0 P. M.

21. I hereby certify that I attended the deceased from February, 1938, to February 26, 1940, that I last saw him alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism — Duration

Due to Arteriosclerosis and Syphilitic heart Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — 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)

While at work? (e) Means of injury

23. Signature Foster A. Dill (M. D. or other) MD

Address 7346 A Manchester Date signed 2/27/40

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo

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.