

No. 2  
1-4-41  
-17-39  
X28390

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **33096**  
Registrar's No. **8050**

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
Luthern Hospital 10  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day  
(Specify whether

In this community 3 Days  
years, months or days)

**3. (a) PRINT FULL NAME** Dewey Grieshaber

**3. (b) If veteran,** name war \_\_\_\_\_

**3. (c) Social Security No.** 334-03-3358

**4. Sex** Male **5. Color or race** White

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

**6. (b) Name of husband or wife** Ruth Richardson

**6. (c) Age of husband or wife if alive** 25 years

**7. Birth date of deceased** September 15 1899  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>42</u>	<u>0</u>	<u>22</u>	hr. _____ min.

**9. Birthplace** Ste. Genevieve Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Foreman-Costruction

**11. Industry or business** General Contracting

**12. Name** John Grieshaber

**13. Birthplace** Ste. Genevieve Missouri  
(City, town, or county) (State or foreign country)

**14. Maiden name** Mary Will

**15. Birthplace** Ste. Genevieve Missouri  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Ruth Grieshaber

**(b) Address** Salem, Ill. Box 241

**17. (a) Burial** **(b) Date thereof** 10-10-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** By Motor Ste. Genevieve, Mo.

**18. (a) Signature of funeral director** Hacker, Helms & Co.

**(b) Address** 3634 Gravois, Ave.

**19. (a) OCT 8 1941** **(b) J. J. Brueck**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 1

(c) City or town Ste. Genevieve  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Oct. day 7  
year 1941 hour 6 minute 30 P.M.

**21. I hereby certify that I attended the deceased from** Sept 4 1941 to Oct 7 1941  
that I last saw him alive on Sept 7 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation

Due to Shock of Ethus, antebornia, no chronic heart ailment

Due to Tarsilectomy, a chronic condition of tonsils

Other conditions ISO  
(Include pregnancy within 8 months of death)

Major findings: Of operations 115 100

Of autopsy 115 100

Duration One hr.

**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** R. B. Karn (M. D. or other) M. D.  
Address 2000 So. Broadway Date signed 10/8/41

DEC 31 1947

**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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address 21 Louis St

**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, fact should be so stated above.**