S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THU OCT 6 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28768

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8114

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: 4712 Gravois Av
(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 Mo. (b) County 060 17 15
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4712 Gravois Av.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Paulina Grieshaber
3. (b) If veteran, name war no.
3. (c) Social Security No. no.
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Karl L. Grieshaber
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased June 27 1894 (Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)
10. Usual occupation housewife
11. Industry or business
MOTHER FATHER
12. Name John Seifried
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Presentia Lehman
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Karl L. Grieshaber
(b) Address 4712 Gravois Av.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-42. (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul Cem.
18. (a) Signature of funeral director Witt Bros & Co.
(b) Address 3929 S. Jefferson Av.
19. (a) SEP 30 1942 (Date received local registrar) (b) J. F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1942 hour 5 minute 20 P.M.
21. I hereby certify that I attended the deceased from Aug 7th 42 to Sept 29th 42, that I last saw him alive on Sept 29th 42, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of Uterus — 8 mo.
Due to
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 W. A. Gilbert M.D. (M. D. or other)
Address 4724 Gravois Date signed 10/2/42

(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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 292 950. Jeffers

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.