S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31992

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8647

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

1. PLACE OF DEATH:
(a) County Missouri
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2236 Osage Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 12
(c) City or town St. Louis 915 (If outside city or town limits, write "RURAL")
(d) Street No. 2236 Osage Street (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Louis Anthony Grigone
3. (b) If veteran, name war .....
3. (c) Social Security No. 488-10-9220
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lilly Ann Oehler
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased October (Month) 12 (Day) 1879 (Year)

8. AGE: Years 63 | Months 0 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Service Man
11. Industry or business Remington-Rand
FATHER
12. Name Anthony Grigone
13. Birthplace ..... (City, town, or county) France (State or foreign country) 5
MOTHER
14. Maiden name Katherine Meyer
15. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Mrs. Lilly Ann Grigone
(b) Address 2236 Osage Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/42 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul
18. (a) Signature of funeral director John H. Gibbon & Sons
(b) Address 2630 Gravois Av.
19. (a) OCT 19 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18 year 1942 hour ..... minute A. M.
21. I hereby certify that I attended the deceased from April 18th, 1939, to Oct. 17, 1942 that I last saw him alive on Oct. 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to .....
Due to .....
Other conditions None (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

Duration

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) None
(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? None (Specify type of place)
While at work? (e) Means of injury
23. Signature Rudolph S. Vitt (M. D. or other)
Address 3805 S. Broadway Date signed 19/4/42

(Licensed Embalmer's Statement on Reverse Side)

B

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 F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.