

FILED NOV 6 1942

Registration District No. 154

Primary Registration District No. 111

Registrar's No. 2192

96
389
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **St. Mary's Hospital**
(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:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17**

(d) Street No. **3109 Osage St.** (If rural, give location) **7**

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Josephine Gribben**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female** / Color or race **White**

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

7. (b) Name of husband or wife **Richard Gribben**

7. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **April 23 1904**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

38 **5** **29** hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER

12. Name **Charles J. Decker**

13. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Marie Agnes Mulcahy**
(City, town, or county) (State or foreign country)

15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Richard Gribben**

(b) Address **3109 Osage St.**

17. (a) **Burial** (b) Date thereof **10-24-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery Cullinane Bros.**

18. (a) Signature of funeral director _____

(b) Address **1710 N. Grand Blvd.**

19. (a) **OCT 23 1942** (b) **C. J. McFarland**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **22**
year **1942** hour **4** minute **30** A.M.

21. I hereby certify that I attended the deceased from **October 21** 1942, to **time of death**; that I last saw him alive on **October 21**, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death **Bran abscess** Duration **17 hrs**

Due to **1100**

Other conditions **Chronic Emphysema**
(Include pregnancy within 3 months of death)

Major findings: Of operations **Same**

Of autopsy **same**

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. W. Wadley** (M. D. or other) **MD**
Address **495 1/2 Maryland** Date signed **10/22**

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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 Truck

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, fact should be so stated above.