

FILED FEB 23 1943

Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **1364**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3131 1/2 Oregon Av. 1
(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 **Mo.** (b) County **17**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3131 1/2 Oregon Av.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Ethel Elizabeth Grellner**

3. (b) If veteran, name war **720** 3. (c) Social Security No. **700**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 20 1942**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 6 19 hr. min.

9. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business **157**

12. Name **John Grellner**

13. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Edna Patton**

15. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Grellner**

(b) Address **3131 1/2 Oregon Av.**

17. (a) **Burial** (b) Date thereof **2-11-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Lawn Cem.**

18. (a) Signature of funeral director **Walt Brod & Co.**

(b) Address **1929 S. Jefferson Av.**

19. (a) **FEB 11 1943** (b) **J. F. Bredes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **9**
year **1943** hour **3** minute **10 p. M.**

21. I hereby certify that I attended the deceased from **Aug. 24-42**
1942 to **Feb. 3 1943**
that I last saw her alive on **Feb. 3 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Embolism** Duration **1 day**

Due to **Coronary Hy pertrophy Endocarditis mitral**

Due to **Endocarditis pulmonary**
Born with heart disease.

Other conditions (Include pregnancy within 3 months of death) **none**

Major findings: Of operations **none**

Of autopsy **none**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **no**
(b) Date of occurrence **none**
(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?

While at work? _____ (Specify type of place) (e) Means of injury **none**

23. Signature **J. C. Doubek** (M. D. or other) **MD**
Address **1276 Locust** Date signed **2-10-43**

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

MOTHER FATHER

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 *Gustav W. Dietrich*.....

Licensed Embalmer No. *4229*.....

P. O. Address *2929 S. Jefferson*.....

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.