S. No. 2
M—5-42
v. 5-17-39
1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8333

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2693

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: 3852 Russell Ave. /
(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 17

(c) City or town St. Louis 9 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3852 Russell Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Heinz August Griese

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race 0 White

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

6. (b) Name of husband or wife Edna Griese

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March 4, 1891 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	0	15	hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Real Estate

11. Industry or business

FATHER
12. Name Wilhelm Griese
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Edna Griese
(b) Address 3852 RussellAve.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 22/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.

19. (a) MAR 22 1943 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1943 hour 10 minute 45 M.

21. I hereby certify that I attended the deceased from 6-13 4/19 1 to 3-19 4/19 3 that I last saw him alive on 3-19 4 3 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 da.
Due to Repeated anginal attacks	
Due to	
Other conditions Hemiplegia (Include pregnancy within 3 months of death)	21 mo
Hypertension	

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 0

23. Signature Dr Gustav Dahms (M. D. or other)
Address 1452 So Grand Date signed 3-20-43

(Licensed Embalmer's Statement on Reverse Side)

1452 S Thomas

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 Harry A. Thomas

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette 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.