

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

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:  
Park Lane 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).....

3. (a) PRINT FULL NAME William H. Greminger  
3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Marie Schelly Greminger 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased July 10 1877  
(Month) (Day) (Year)

8. AGE: 66 Years 6 Months 26 Days 29 If less than one day  
67 02 2 2 .hr. min.

9. Birthplace Zell Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business  
Name Christian Greminger  
Place Germany  
12. Maiden name Mary Grass  
Birthplace Zell Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Greminger  
(b) Address Ste. Genevieve  
17. (a) Burial (b) Date thereof 2-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ste. Genevieve, Mo.

18. (a) Signature of funeral director: Albert H. Hoppe  
(b) Address 4700 Washington Blvd.  
19. (a) FEB 11 1944 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 95  
(a) State Missouri (b) County Ste. Genevieve  
(c) City or town Ste. Genevieve  
(If outside city or town limits, write "RURAL") NR.  
(d) Street No. .... (If rural, give location) ..  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7  
year 1944 hour 11:25 minute A. M.  
21. I hereby certify that I attended the deceased from 2-2-1944 to 2-7-1944  
that I last saw him alive on 2-7-1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Peptic ulcer (Gastric) 2 yrs  
Duration  
Due to Do not know  
Due to 117  
Other conditions: None  
(Include pregnancy within 3 months of death)

Major findings: no operation  
Of operations none  
Of autopsy none  
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?

23. Signature John D. Hayward (M. D. or other)  
Address Metropolitan Hotel Date signed 2/11/44  
While at work (Specify type of place) (e) Means of injury fall

FEB 25 1944

1345

SEP 5 1944

MAR 3 1944

**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

*Albert S. Hopper*  
1861

..... Licensed Embalmer No. ....

..... P. O. Address .....

**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.**

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of MISSOURI )  
County of STE. CHARLES ) ss.

State File No. \_\_\_\_\_

**AFFIDAVIT FOR CORRECTION OF A RECORD**

Local Registrar's No. 1347

On this 26 day of APRIL, 1944, before me appears \_\_\_\_\_

MARIE G. GRIMINGER, who, upon H&R oath, states that the original record of <sup>birth</sup> death  
for WILLIAM GRIMINGER, died FEB 7, 1944, in the State of  
Missouri, and which was filed at ST LOUIS MO on FEB 8, 1944, should be corrected as follows:

Item No. 7 should read JULY 11 1877

Instead of JULY 10 1876

Item No. 8 should read 66 - 6 - 26

Instead of 67 - 6 - 27

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mary Griminger Relationship Wife

Dr. Heremere Present Address Mo

Subscribed and sworn to before me this 26th day of April, 1944

My Commission expires 4th March, 1945 Frank G. Vogt Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

5171

SEP 5 1944

JUN 19 1944