

S. No. 2
M-5-42
v. 5-17-39

8135

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 11 1944

Registration District No. 307

Primary Registration District No. 6046

Registrar's No. 1

1. PLACE OF DEATH:

(a) County St Charles

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles

(c) City or town Foristell (If outside city or town limits, write "RURAL")

(d) Street No. Rural Callaway township (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Herman Henry Griesmann

3. (b) If veteran, name war: _____ 3. (c) Social Security No: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1944 hour 10 minute 7 M.

21. I hereby certify that I attended the deceased from May 1, 1943 to Jan 27, 1944, that I last saw him alive on Jan 27, 1944, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race W

6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased: Jan (Month) 5 (Day) 1858 (Year)

Immediate cause of death: Myocardial Infarction

Due to: Arterio Sclerosis

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: 92 f

Of operations: _____

Of autopsy: _____

Duration 30 days

Physician _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 86 Months 11 Days 22 If less than one day hr. min.

9. Birthplace: New Mills (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Farmer

MOTHER, FATHER {

11. Industry or business _____

12. Name Joseph Griesmann

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

14. Maiden name Neuwirth

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

16. (a) Informant Hary Griesmann

(b) Address Foristell, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-44 (Month) (Day) (Year)

(c) Place: burial or cremation Caplin, Mo

18. (a) Signature of funeral director Wentzville, Mo

(b) Address _____

19. (a) 2/7/1944 (Date received by registrar) (b) Gene Rickmers (Registrar's signature)

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? _____

While at work _____ (Specify type of place) Means of injury _____

23. Signature Deeda C. Troce (M. D. or other) _____

Address Clayville, Mo Date signed 1-29-44

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-9-44

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 P. R. Altman

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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.