

S. No. 2
DOM-2-43
5-17-39
PI X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10930

State File No. _____

Registration District No. 119

Primary Registration District No. 5443

Registrar's No. 13

1. PLACE OF DEATH:

(a) County GASCONADE

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

(c) Name of hospital or institution: HIS Residence 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 ENTIRE LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE

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

(d) Street No. 6 MILES SOUTH OF BERGER MO.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME GUSTAV GREBE

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 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: Oct 18 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day.
	<u>70</u>	<u>5</u>	<u>8</u>	hr. _____ min.

9. Birthplace Hermann Mo
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER (RETIRED)

11. Industry or business FARMING

12. Name August Grebe

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

14. Maiden name Susan Eisler

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

16. (a) Informant Mrs. Chas Fell

(b) Address Hermann, Mo

17. (a) Burial (b) Date thereof 3-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann City Cemetery

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Mo

19. (a) Mar 27 1944 (b) A. H. Liedler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1944 hour unknown minute _____ M.

21. I hereby certify that I attended the deceased from Death without medical attention 19 _____ to _____ 19 _____ that I last saw him _____ alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death Probably valvular heart disease

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature W. E. Peter Coronel (M.D. or other) MD

Address Hermann, Mo. Date signed 3/26/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

37
0
0

1261

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-7-44

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 Herman Blumer

Licensed Embalmer No. 528

P. O. Address Berger, 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.