

FILED SEP 8 1944

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 262

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 weeks
In this community 66 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. Koch Addition
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amy M. Koch Grieb

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Gus Grieb 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 7th 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 5 hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Koch
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Apolona Stoll
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John Koch
(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 8-14-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director L.L. Haman

(b) Address Cape Girardeau, Missouri

19. (a) 8-17-44 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th
year 1944 hour 3 minute 55 A. M.

21. I hereby certify that I attended the deceased from 8-4, 1944 to 8-12, 1944
that I last saw h OR alive on 8-12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
CARDIOMYOPATHY + VAGINA

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

Duration

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? _____

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

23. Signature A. J. Smith (M. D. or other) MD
Address Cape Girardeau Date signed 8/15/44

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

16
4

RECEIVED

District Health Officer No. 4

District File Number 944-42

Date Filed 9-7-44

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 *Howard P. Haman*.....

Licensed Embalmer No. 4122.....

P. O. Address *Cape Girardeau, 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.