

FILED SEP 26 1944

Registration District No. 376

Primary Registration District No. 6075

Registrar's No. 135

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Mo. State Hospital No. 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 yrs. 28 das.  
(Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

3. (a) PRINT FULL NAME JOSEPHINE GRIESHABER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race W.

6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife Phillip Grieshaber

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

7. Birth date of deceased February 22, 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	5	0	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Grither

13. Birthplace Alsace-Lorraine  
(City, town, or county) (State or foreign country)

14. Maiden name Rosalie Huber

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 7-24-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Weingarten, Missouri

18. (a) Signature of funeral director Leo C. Basler

(b) Address Ste. Genevieve Mo.

19. (a) 8-24-44 (b) Joseph P. Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22, year 1944 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from March 20, 1944, 19\_\_\_\_ to July 22, 1944, 19\_\_\_\_; that I last saw her alive on July 21, 1944, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial degeneration - arteriosclerotic

Due to \_\_\_\_\_

Due to Generalized Arteriosclerosis

Other conditions Psychosis cerebrale arteriosclerotic  
(Include pregnancy within 3 months of death)

Major findings: Arteriosclerosis

Of operations \_\_\_\_\_

Of autopsy No 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 David Basler, M.D.

Address State Hospital #4 Date signed 7-31-44

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4

District File Number 944-4367

Date Filed 9-26-48

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 *Bud J. Miller*

Licensed Embalmer No. 3753

P. O. Address *Farmington, 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.