

FILED JAN 4 1945
306

State File No.

Registrar's No. 225

Registration District No.

Primary Registration District No. 6048

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: Dardennes MO
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community Lipp
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Charles

(c) City or town Dardennes 92
(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 it

3. (a) PRINT FULL NAME James Thomas Griesenauer

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 4
year 1944 hour 6 minute A M.

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 19 years
(Month) (Day) (Year)

7. Birth date of deceased April 18 1925
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from JULY 1939 to Dec 4 1944
that I last saw him alive on Dec 3 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

9 7 16 hr. min.

Immediate cause of death Broncho pneumonia 2 days

9. Birthplace Dardennes MO
(City, town, or county) (State or foreign country)

Due to 109

Due to

10. Usual occupation

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER { 12. Name Raymond Griesenauer

{ 13. Birthplace Dardennes MO
(City, town, or county) (State or foreign country)

{ 14. Maiden name Inf

{ 15. Birthplace Dardennes MO
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Raymond Griesenauer

(b) Address Dardennes MO

17. (a) Burial (b) Date thereof Dec 6 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dardennes

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?

18. (a) Signature of funeral director J. E. Fisman

(b) Address Meritzville MO

19. (a) Dec 7 - 44 (b) E. A. Keithley
(Date received local registrar) (Registrar's signature)

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

23. Signature Nicholas J. Kouch (M. D. or other) O'Fallon, Mo. Date signed 12/5/44

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

002

JAN 10 1945

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-3-45

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 T. E. Pitman

Licensed Embalmer No. 2711

P. O. Address Huntsville 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.