S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4293

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1045

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4149 Farlin Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4149 Farlin Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 6

3. (a) PRINT FULL NAME Bessie G Greve
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
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 June (Month) 25 (Day) 1890 (Year)
8. AGE: Years 54 Months 7 Days 6 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Map Shop
11. Industry or business 412 Olive St
FATHER
12. Name Alfred Greve
13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0
MOTHER
14. Maiden name Adeline Kalbitz
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant Grooee Hoge
(b) Address 4149 Farlin Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 2 45 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem
18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 So. Kingshighway
19. (a) FEB 9 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1945 hour 8 minute 45 A.M.
21. I hereby certify that I attended the deceased from July 1944 to Jan 1945; that I last saw her alive on Jan 30 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of breast with metastasis to lung, brain + vertebrae — Duration 6 to 9 months
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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

23. Signature C. M. Charles (M. D. or other) MD
Address 632 Metropolitan Bldg. Date signed 2/1/45

(Licensed Embalmer's Statement on Reverse Side)

C M
Dr Charles

5077

Mathewson

Je 5022

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 Edwin D. McDermott

Licensed Embalmer No. 3024

P. O. Address .....

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.