

FILED MAR 23 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2254

2254

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

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 066
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal Str
(If rural, give location) 13
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Salome Grein

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Robert Grein 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased About 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 74 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

FATHER {
MOTHER {

12. Name Herman Neise
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Egenworht
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Neise
(b) Address 7620 West Bruno Ave.

17. (a) Burial (b) Date thereof 3/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director M. Wood
(b) Address 2117 E. Grand Blvd.

19. (a) (Date received local registrar) MAR 10 1945 (b) J. F. Buecher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1945 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from Jan
first 16, 1945, to March 9, 1945
that I last saw him alive on March 9, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary
edema
etiology

Due to _____
Due to 1/4

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 E. C. Bingham (M. D. or other)
Address 1515 Lafayette Date signed 3/14/45

JUL 27 1965

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 *Frank A. Moore*

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.