

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I. X36571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2535
Registrar's No. 17357

FILED MAR 28 1945
Registration District No. 318

Primary Registration District No. 1662

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
3529a Arsenal Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____ 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 16

(d) Street No. 3529a Arsenal Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME FRANCES M. GREISBAUM

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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec. 22, 1860
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 17
year 1945 hour 8 minute 35 PM

21. I hereby certify that I attended the deceased from Dec 3-45
_____ 19 _____ to March 17, 1945
that I last saw her alive on March 16, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 2 Days 25
If less than one day _____ hr. _____ min.

Immediate cause of death _____ Duration _____

Chronic myocarditis 3 mo

Due to arteriosclerosis embolism

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace New Baden Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Anton Griesbaum

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Ekizabath Yost
(City, town, or county) (State or foreign country)

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

16. (a) Informant B. F. Griesbaum

(b) Address New Baden Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/45
(Month) (Day) (Year)

(c) Place: burial or cremation New Baden, Illinois

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) MAR 20 1945 (Date received local registration) (b) J. F. Brebeck (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 W. H. ... (M. D. or other) W. H. ...

Address 3218 S Grand Date signed 3-18-45

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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.....

Hulford L. Burnley

Licensed Embalmer No. *4202*

P. O. Address *St. Louis, 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.