

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

FILED APR 23 1945

1003

Registrar's No. 3284

Registration District No. 318 Primary Registration District No. 1003

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:
3640 Virginia
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
57 years (Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 3640 Virginia
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Frederick Griebel

3. (b) If veteran, name war.....

3. (c) Social Security No. 490-01-0867

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Trog

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

7. Birth date of deceased April - 3 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 7 If less than one day hr. min.

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

10. Usual occupation Retired Painter Foreman

11. Industry or business Surface Car Mfctrs.

12. Name Frederick Griebel

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

14. Maiden name Lena Pesch

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

16. (a) Informant Miss Dorothy Griebel

(b) Address 3640 Virginia

17. (a) Burial (b) Date thereof 4/13/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director: Beiderwieden F. H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) APR 13 1945 (Date received local registrar)
J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10, year 1945 hour 11: minute 15 A. M.

21. I hereby certify that I attended the deceased from Sept. 8 1944 to April 10 1945 that I last saw h. alive on parade and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the larynx

Due to H6

Other conditions (Include pregnancy within 3 months of death)

Major findings: Confirmed clinical

Of autopsy none done

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?.....

23. Signature James L. ... (M. D. or other)
Address 1634 N. ... Date signed 4-10-45

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

Dr. G. L. Innes
One Theatre Bldg.

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

working under my personal supervision.

Registered Apprentice No.

Signed *Glen W. Hat*

Licensed Embalmer No. *1938 G. L. Innes*

P. O. Address *Box 3737*

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.