

FILED JUN 28 1945

1003

5085

Registration District No.

Primary Registration District No.

Registrar's No.

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 12 hours
(Specify whether
In this community 51 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 26
(c) City or town St. Louis 006
(If outside city or town limits, write "RURAL")
(d) Street No. 1548 R South Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Lillie Grebe

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 Married
6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Feb 9 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>3</u>	<u>28</u>	hr. min.

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

10. Usual occupation House Wife

11. Industry or business At home

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant: George Grebe

(b) Address 1548 R South Broadway

17. (a) Burial (b) Date thereof 6 / 9 / 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director A. J. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) JUN 8 1945 (b) J. E. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 45 hour 5 minute a M.

21. I hereby certify that I attended the deceased from 19..... to 19.....

that I last saw him alive on 19..... and that death occurred on the date and hour stated above.

Immediate cause of death.....

Pulmonary Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) /// a

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?

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

23. Signature Patrick E. Taylor, M.D. (M. D. or other)

Address 1500 Clark Date signed 6-7-45

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

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 *R. B. Cooper*.....

Licensed Embalmer No. *3633*.....

P. O. Address *2317 Lafayette*.....

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.