

FILED JUL 14 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318** Primary Registration District No. _____ Registrar's No. **5458**

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:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution lmo-21 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 3337 California Avenue
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Robert Greifelt

3. (b) If veteran, name war _____

3. (c) Social Security No. 490-03-5568A

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd year 1945 hour 7:30 minute A. M.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased November 17 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5/1/45 to 6/22/45, 19____, that I last saw im alive on 6/22/45, 19____, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>7</u>	<u>5</u>	hr. _____ min.

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Retired

11. Industry or business _____

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Robert Greifelt

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

14. Maiden name Unknown

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

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? Cemetery

16. (a) Informant Kate Herberger

(b) Address 3337 California, St. Louis, Mo

17. (a) burial (b) Date thereof June 25, '45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S. S. Peter & Paul

18. (a) Signature of funeral director Walter H. & Co.

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) JUN 23 1945 (b) J. Z. Busch
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place)

(c) Means of injury _____

23. Signature James J. Smith (M. D. or other) _____
Address 1515 Lafayette Date signed 6/22/45

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

distorted text

188-2-10

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 Robert Wheeler

Licensed Embalmer No. 2178

P. O. Address: St. Louis

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.