DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31918

FILED OCT 25 1945

Registration District No. 3118 — Primary Registration District No. 1003 — Registrar's No. 8870

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

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: Alexian Bros. Hospital (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County:

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

(d) Street No.: 407 Bates (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: John I. Grieser

3. (b) If veteran, name war: World War #1

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Hulda

6. (c) Age of husband or wife if alive: 42 years

7. Birth date of deceased: June (Month) 5 (Day) 1896 (Year)

8. AGE: Years 49 Months 4 Days 5 If less than one day hr. min.

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

10. Usual occupation: Fuel Oil Merchant

11. Industry or business:

FATHER 12. Name: George Grieser

13. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER 14. Maiden name: Isabell Goodyear

15. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Mrs. Hulda Grieser

(b) Address: 407 Bates St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/15/45 (Month) (Day) (Year)

(c) Place: burial or cremation: Nat. Cem. Jeff. Bar. Mo.

18. (a) Signature of funeral director: Jos. P. Fendler Jr.

(b) Address: 7128 Michigan Ave.

19. (a) OCT 15 1945 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10 year 1945 hour 10.00 minute P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: 1st 2nd 3rd degree burns of face, hands and chest when vat containing varnish remover exploded in his home, which he had placed in a jar of water to go above on Oct 8th 1945 about 7:30 P.M. (Duration)

Due to:

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

Major findings of operation: Lange & Buckley Opp. 10.00 Lange & Cortelyou Opp. 200.00

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): Accident

(b) Date of occurrence: Oct 8 1945

(c) Where did injury occur? St Louis Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury: as above

23. Signature: Alfred Stern (M.D. or other)

Address: Date signed 10/15/45

(Licensed Embalmer's Statement on Reverse Side)

Coronor

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 George N. Archambault, Registered Apprentice No. XXXXXX, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

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.