-1/47
-17-39

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

National Office of Vital Statistics

FILED JUN 12 1948

Registration District No. 318

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17608

Registrar's No. 51136

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 Christian 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. 3826 McRee Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HERMAN J. GREIFZU

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Late Ida L.

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

7. Birth date of deceased Mar. (Month) 2 (Day) 1870 (Year)

8. AGE: Years 78 Months 2 Days 29 If less than one day hr. min.

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

10. Usual occupation Retired 10 Years

11. Industry or business Public Service Co.

FATHER 12. Name Unknown Greifzu

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

MOTHER 14. Maiden name Eliza Unknown

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

16. (a) Informant Alfred S. Greif

(b) Address 16171 Chevenne. Detroit, Mich.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-48 (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) JUN 1 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1948 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from May 27th 1948, 19..., to May 31, 1948; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular Renal Chronic — Duration 2

Due to —

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. C. Mallen M.D. (M. D. or other)

Address Lum Clul Bldg Date signed 6-1-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Hmm Club Bldg. V-4

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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 S. Kingshighway

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.