FEDERAL SECURITY AGENCY
National Office of Vital Statistics

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MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27734

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 7570

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: Little Sisters of Poor-3225 N. Florissant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 75 years (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DEACESED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 3225 ~~Hobert &~~ N. Florissant Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Mr. John Greiner
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: late Louise Greiner
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October 15th, 1865 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	10	11	hr. min.

9. Birthplace: Baden (City, town, or county) Germany (State or foreign country) 4
10. Usual occupation: retired
11. Industry or business:
MOTHER FATHER
12. Name: unknown
13. Birthplace: Germany (City, town, or county) (State or foreign country) 4
14. Maiden name: unknown
15. Birthplace: Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant: Mr. William Greiner
(b) Address: 1027 Oakview Place
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Peters Cemetery
18. (a) Signature of funeral director: Hy. Leidner U. Co.
(b) Address: 2223 St. Louis Ave.
19. (a) 8-29-48 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26th year 1948 hour 9:00 PM minute M.
21. I hereby certify that I attended the deceased from August 1, 1948, to August 26, 1948; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	???
Senility	???
Due to:	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: None	

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): None
(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) Cause of injury:
23. Signature: [illegible] (M.D. or other)
Address: 2435 N. Grand Blvd Date signed: 8-28-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 J. Allen Davis Jr

Licensed Embalmer No. 405-3

P. O. Address 2223 St. Louis 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.