No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38172

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 9762

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

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Maplewood
(If outside city or town limits, write "RURAL")

(d) Street No. 7337 Myrtle Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Flora J. Griebel

3. (b) If veteran, name war ——

3. (c) Social Security No. ——

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John R. B. Griebel

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased August 24, 1883 (Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 16 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Victor Frentzel
13. Birthplace Uniontown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace Uniontown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. John R. L. Griebel
(b) Address 7337 Myrtle Avenue, Maplewood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F.H.Inc.
(b) Address 1936 St. Louis Avenue

19. (a) NOV 10 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th year 1948 hour 9 minute 40 A. M.

21. I hereby certify that I attended the deceased from Feb. 22nd 1941, 1948 to 11-9, 1948; that I last saw her alive on 11-9, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Intercranial hemorrhage acute

Due to Hypertension 7 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes - Report not in

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm B Koentz (M. D. or other) MD

Address 415 Lister Bldg Date signed 11/9/48

R. B. Koentz

(Licensed Embalmer's Statement on Reverse Side)

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 Neal L. Paulson

Licensed Embalmer No. 414

P. O. Address 1936 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.