S. No. 300
v. 10.48

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31492

BIRTH NO. _____ REG. DIST. NO. ~~756~~ 309 PRIMARY REG. DIST. NO. ~~4454~~ 6050 Registrar's No. 10

92

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

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Portage des Sioux Twsp
c. LENGTH OF STAY (in this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) ~~HOSPITAL~~ Machens, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Portage des Sioux Twsp 92
d. STREET ADDRESS (If rural, give location) Machens, Missouri

3. NAME OF DECEASED (Type or Print)
a. (First) Leo
b. (Middle) Antone
c. (Last) Griesenauer

4. DATE OF DEATH (Month) (Day) (Year) September 17-1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 17 1888
9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR Months 2 Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rough rubber
10b. KIND OF BUSINESS OR INDUSTRY Coach Dep't A.C.&F.Co-St.Charles
11. BIRTHPLACE (State or foreign country) Flint Hill, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Griesenauer
13b. MOTHER'S MAIDEN NAME Mary Henke
14. NAME OF HUSBAND OR WIFE Agnes (Roettger) Griesenauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 487-30-5034
17. INFORMANT'S SIGNATURE OR NAME Mrs. Agnes Griesenauer-Machens, Mo. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis (Congestive Heart failure) — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uremia — 6 mts
DUE TO (c) Diabetes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 260X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* sept 16, 1949, *to* sept 17, 1949, *that I last saw the deceased alive on* sept 17, 1949, *and that death occurred at* 6:58 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Dr F L Harrington DO
23b. ADDRESS St. Charles Mo
23c. DATE SIGNED 9-19-1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 20-1949
24c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery
24d. LOCATION (City, town, or county) (State) Portage des Sioux, Mo.

DATE REC'D BY LOCAL REG. Sept 20-49
REGISTRAR'S SIGNATURE H W Grasser 366
25. FUNERAL DIRECTOR'S SIGNATURE H. C. Dallmeyer & Sons Co ADDRESS 800 N. 2nd-St. Charles, Mo.

(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 4189 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Joseph T Landsell

Licensed Embalmer No. 4189

P. O. Address St. Charles

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.