

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35173

State File No. 8899 Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100 State \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) OR 26 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City (5)		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital			d. STREET ADDRESS (If rural, give location) 7166 Waterman Ave.		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Louise	b. (Middle) Adele	c. (Last) Griese	(Month) 10	(Day) 14	(Year) 49

5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 12-21-1877	9. AGE (In years last birthday) 71	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? (C)
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13a. FATHER'S NAME John F. Griese	13b. MOTHER'S MAIDEN NAME Dora Diederich	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Olga Quade, 7166 Waterman	ADDRESS _____
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <sup>(a)</sup> Malignant tumor probably carcinoma metastases to adrenal spleen, lungs and glands. DUE TO (b) 20 urinary stasis DUE TO (c) Filoid Pulmonary tuberculosis?		INTERVAL BETWEEN ONSET AND DEATH  2 years +  1 day
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Adhesive pericarditis Terminal pneumonia		
	19a. DATE OF OPERATION _____		

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) 1/3 (STATE) MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 102-X
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22. I hereby certify that I attended the deceased from 1947, to October 14, 1949 that I last saw the deceased alive on Oct. 14, 1949, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. Hedw. Clark (Degree or title) M.D.	23b. ADDRESS 224 Hamilton Blvd St. Louis, Mo.	23c. DATE SIGNED 10-15-49
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24a. BURIAL CREMATION, REMOVAL (Specify) burial	24b. DATE 10-17-1949	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine	24d. LOCATION (City, town, or county) St. Louis, Mo. (State)
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DATE REC'D BY LOCAL REG. OCT 17 1949	REGISTRAR'S SIGNATURE J. W. Foster	25. FUNERAL DIRECTOR'S SIGNATURE Alexander House Inc.	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1950 JUN 7

JUN 24 1955

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Joseph E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6178 Delmar*

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.