

FILED MAY 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. 15494

2950  
1

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

BIRTH NO. _____		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>6079</u>		Registrar's No. <u>273</u>			
1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL STE. GENEVIEVE</u>		c. LENGTH OF STAY (In this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL STE. GENEVIEVE</u>		950			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>NONE</u>				d. STREET ADDRESS (If rural, give location) <u>P.O. NEW OFFENBURG</u>					
3. NAME OF DECEASED (Type or Print) <u>JOSEPHINE</u>			a. (First) <u>JOSEPHINE</u>			b. (Middle) <u>GRIESHABER</u>			
c. (Last) <u>GRIESHABER</u>			4. DATE OF DEATH <u>APRIL 28 1950</u>			(Month) (Day) (Year)			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN 25 1864</u>		9. AGE (In years last birthday) <u>86</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>NEW OFFENBURG MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>CHARLES WEILER</u>			13b. MOTHER'S MAIDEN NAME <u>KATHERINE REHM</u>			14. NAME OF HUSBAND OR WIFE <u>AUGUST GRIESHABER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Grieshaber Sr.</u>				ADDRESS <u>St. Louis, Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Reported Pneumonia</u> <u>Pulmonary Edema</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Valvular Heart Disease</u> DUE TO (c) <u>Arteriosclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH          <u>410X</u>	
19a. DATE OF OPERATION <u>NU</u>		19b. MAJOR FINDINGS OF OPERATION <u>NU</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NO</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NO</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NU</u>					
22. I hereby certify that I attended the deceased from <u>April 16 1950</u> , to <u>April 28, 1950</u> , that I last saw the deceased alive on <u>April 25, 1950</u> , and that death occurred at <u>8:17 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Deputy or title) <u>G. J. [Signature]</u>				23b. ADDRESS <u>St. Genevieve Mo</u>			23c. DATE SIGNED <u>4-29-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL (1)</u>		24b. DATE <u>MAY 1 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WEINGARTEN Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>WEINGARTEN MO</u>			
DATE REC'D BY LOCAL REG. <u>5-1-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>		

RECEIVED

MAY 3 1950

DISTRICT HEALTH OFFICE No. 4

File No. 580-653

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed: *Alvin J. Ehler*.....

Signed.....

Student Embalmer

Licensed Embalmer No. 4740

P. O. Address *St. Genevieve, Mo.*

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.