S. No. 300
. 10.48

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

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22402

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: STE. GENEVIEVE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL STE. GENEVIEVE T.S.
c. LENGTH OF STAY (In this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: STE. GENEVIEVE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL STE. GENEVIEVE 0950
d. STREET ADDRESS (If rural, give location): NEW OFFENBURG. RO.

3. NAME OF DECEASED (Type or Print)
a. (First): AUGUST
b. (Middle):
c. (Last): GRIESHABER

4. DATE OF DEATH (Month) (Day) (Year): JUNE 7 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JULY 31 1863
9. AGE (In years last birthday): 86 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ZELL MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: JOHN GRIESHABER
13b. MOTHER'S MAIDEN NAME: AGNES RITTER
14. NAME OF HUSBAND OR WIFE: JOSEPHINE WEILER
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.: None
17. INFORMANT'S SIGNATURE OR NAME: Thomas Grieshaber — ADDRESS: New Offenburg Mo

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) Acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Nephritis — 10 yrs

DUE TO (c) Prostatic Hypertrophy — 5 yrs

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

Atrophic Sclerosis of Valvular heart disease — 2 X

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NONE
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): NONE
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): NO m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: NO

22. *I hereby certify that I attended the deceased from* Feb, 1949, *to* June 7, 1950, *that I last saw the deceased alive on* June 2, 1950, *and that death occurred at* 8:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Helapondale U. (Degree or title): MD
23b. ADDRESS: Ste Genevieve Mo
23c. DATE SIGNED: June 7-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL U
24b. DATE: JUNE 10 1950
24c. NAME OF CEMETERY OR CREMATORY: LADY HELP OF CHRISTIANS
24d. LOCATION (City, town, or county) (State): WEINGARTEN MO

DATE REC'D BY LOCAL REG.: June 12, 1950
REGISTRAR'S SIGNATURE: L. D. Karl — per Teresa M. Karl
25. FUNERAL DIRECTOR'S SIGNATURE: Rene C. Seeker — **ADDRESS**: Ste. Genevieve Mo

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE No. 4

650-796

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 Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address Ste Genevieve, M

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.