

FILED AUG 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25704

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 49

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 OR TOWN <u>STE. GENEVIEVE</u>		c. CITY OR TOWN <u>STE. GENEVIEVE</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>803 So. LABOUR ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			

3. NAME OF DECEASED a. (First) <u>FRANK</u> b. (Middle) <u>PAUL</u> c. (Last) <u>GRIESHABER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 16 1950</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>APRIL 1 1871</u>			9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>
11. BIRTHPLACE (State or foreign country) <u>WEINGARTEN MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>JOHN GRIESHABER</u>
13b. MOTHER'S MAIDEN NAME <u>AGNES RITTER</u>			14. NAME OF HUSBAND OR WIFE <u>ROSINA GRITHER</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>Francis Grieshaber Ste. Genevieve Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dilatation</u>		II. OTHER SIGNIFICANT CONDITIONS - <u>Chronic Val. Heart Disease</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Myocardial Infarction</u>		DUE TO (b) <u>Osteoarthritis</u>
		DUE TO (c) <u>Chronic Myocarditis</u>
		DUE TO (d) <u>Arteriosclerosis obliterans</u>
		DUE TO (e) <u>Leg amputated 8 yrs ago</u>

19a. DATE OF OPERATION <u>W</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) _____	
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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? _____					

22. I hereby certify that I attended the deceased from Feb, 1943, to July 16, 1950, that I last saw the deceased alive on July 15, 1950, and that death occurred at 2:45 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Ste Genevieve Mo</u>		23c. DATE SIGNED <u>July 17 50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/19/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valle Spring</u>	
				24d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve Mo</u>	

DATE REC'D BY LOCAL REG. <u>7/18/50</u>		REGISTRAR'S SIGNATURE <u>Leo D. Karl 350</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Les C. Bash</u> ADDRESS <u>Ste. Genevieve Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0951

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. Ecker*.....

Licensed Embalmer No. *4740*.....

P. O. Address *Ste. 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.