

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32107**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **2002** Registrar's No. **9316**

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give town or township) University City		c. LENGTH OF STAY (In this place) 4 weeks		c. CITY (If outside corporate limits, write RURAL and give township) University City		TOWN 4336			
d. FULL NAME OF HOSPITAL OR INSTITUTION residence-7024a Amherst Ave.				d. STREET ADDRESS (If rural, give location) 7024a Amherst Avenue					
3. NAME OF DECEASED a. (First) JOHANNA		b. (Middle)		c. (Last) GREIDERER		4. DATE OF DEATH (Month) (Day) (Year) 9 26 50			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 14, 1880.		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 12		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Austria		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Joseph Albrecht		13b. MOTHER'S MAIDEN NAME Krescenz Otzbrueggi		14. NAME OF HUSBAND OR WIFE Dr. Robert Greiderer					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edith Kaufman, 7024a Amherst Ave.					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic heart failure				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis				DUE TO (b)	
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus				DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4500			
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)		4500			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Aug , 19 49 , to Sept , 19 50 , that I last saw the deceased alive on Sept 23 , 19 50 , and that death occurred at home on Sept 27 , 19 50 , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Ruth Wanda...				23b. ADDRESS 462 N. Taylor		23c. DATE SIGNED 9/27/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9-28-50	24c. NAME OF CEMETERY OR CREMATORY New St. Peter & Paul		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri				
DATE REC'D BY LOCAL REG. 9-27-50		REGISTRAR'S SIGNATURE Herbert L. Donk, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons - 7233 Delmar Blv'd., University City, Mo.					

RWR (Licensed Embalmer's Statement on Reverse Side)

University City, Mo.

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

Pasteur Bldg.

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 *Arnold W. Schoene*

Signed.....
Student Embalmer

Licensed Embalmer No. *3864*

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.