

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24653
5815

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u> <u>4326</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>7937 Teasdale Blv'd., 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>GREVE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 27 51</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>Oct. 20, 1888</u>
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>7</u>	IF UNDER 12 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Henry Greve</u>	
13b. MOTHER'S MAIDEN NAME <u>Josephine Wahl</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Greve</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alice Altepeter-7937 Teasdale Blv'd.</u>		ADDRESS	
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.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fatty degeneration of the heart</u>			
DUE TO (c) <u>Auricular fibrillation</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>6-12-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Chronic cholecystitis + stones + Ventral hernia</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>58HX</u>			
22. I hereby certify that I attended the deceased from <u>6-9</u> , 19 <u>51</u> , to <u>6-27</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-27</u> , 19 <u>51</u> , and that death occurred at <u>2:10 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph L. Gross, M.D.</u> (Degree or title)		23b. ADDRESS <u>Humboldt Bldg. St. Louis Mo</u>	
23c. DATE SIGNED <u>6-28-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6-29-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>	
DATE RECD BY LOCAL OFFICE <u>JUN 28 1951</u>		REGISTRAR'S SIGNATURE <u>J B Raster</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Lupton & Sons</u>		ADDRESS <u>- 7233 Delmar Blv'd.,</u>	

Dr. Joseph L. Gross,
Mo. Theatre Bldg.
NE-5234

AUG 1 1991

AUG 2 1991

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 *Melvin L. Kesner*

Licensed Embalmer No. *4052*

P. O. Address *St. Louis, 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.