

FILED DEC 30 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44129**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **3209**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Creve Coeur</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Creve Coeur, 73</b>	
c. LENGTH OF STAY (in this place) <b>life-86 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>#3 - Trojan Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>#3 - Trojan Place</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Emil</b> b. (Middle) <b>William</b> c. (Last) <b>Grieb</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 15-1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>May 20-1867</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Gardener</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Creve Coeur, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Conrad Grieb</b>		13b. MOTHER'S MAIDEN NAME <b>Christina Glesner</b>		14. NAME OF HUSBAND OR WIFE <b>Katherine Grieb</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lena Grieb</b> ADDRESS <b>Creve Coeur, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Failure</b>		CORONARY THROMBOSIS			<b>?</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			<b>?</b>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			<b>?</b>	
		DUE TO (b) <b>Coronary Thrombosis</b>			<b>?</b>	
		DUE TO (c) <b>Atherosclerosis</b>			<b>?</b>	
		II. OTHER SIGNIFICANT CONDITIONS			<b>?</b>	
		Conditions contributing to the death but not related to the disease or condition causing death. <b>Ascites</b>			<b>4201</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>Creve Coeur, St. Louis, Mo.</b>	
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 **Dec. 15, 1952**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on **Dec. 15, 1952**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William Seibert, D.O.</b>		23b. ADDRESS <b>Olive Road, Creve Coeur, Mo.</b>		23c. DATE SIGNED <b>12/16/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-18-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Pauls Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Creve Coeur, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>P.T. Baumann Bros Inc.</b>		ADDRESS <b>2504 - Woodson Rd. Overland, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12-16-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Danks - M.P.</b>			

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

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.