

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33303

State File No.

8609

FILED SEP 24 1953

318

1003

Registrar's No.

BIRTH NO. ... REG. DIST. NO. ... PRIMARY REG. DIST. NO. ...

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		e. STREET ADDRESS (If rural, give location) 3965 Westminister			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) EDWARD c. (Last) GREIN		4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 2, 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 3/6/1876	9. AGE (In years last birthday) 77	10. IF UNDER 1 YEAR 5 Months 11. IF UNDER 24 HRS. 26 Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk		10b. KIND OF BUSINESS OR INDUSTRY Ill-Central R.R.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Adam Grein		13b. MOTHER'S MAIDEN NAME Christine Nischwitz	
14. NAME OF HUSBAND OR WIFE None		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 Wm. E. Grein		18. ADDRESS 3965 Westminister Pl.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous cell carcinoma of H. cheek ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Cachexia			INTERVAL BETWEEN ONSET AND DEATH 3 years 6 mo
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 191X	
22. I hereby certify that I attended the deceased from 8-5-53, 19, to 9-2-53, 19, that I last saw the deceased alive on 9-2-53, 19, and that death occurred at 10:30A.M., from the causes and on the date stated above.					
23a. SIGNATURE Wm. E. Grein		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 9-2-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/4/53		24c. NAME OF CEMETERY OR CREMATORY Old St. Marcus Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		DATE REC'D BY LOCAL REG. SEP 4 1953		REGISTRAR'S SIGNATURE Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Ambuster Mortuary		ADDRESS 6633 Clayton Road			

(Licensed Embalmer's Statement on Reverse Side)

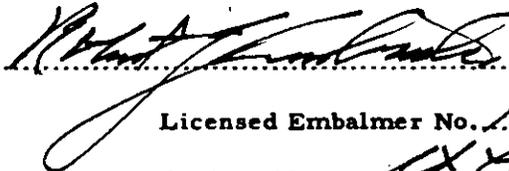
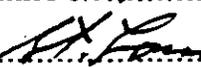
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 30 1954

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.....
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 19.....
P. O. Address 

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.