THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 4 - 1953

State File No. 40522

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11045

1. PLACE OF DEATH
a. COUNTY: 2159
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis,
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pronounced dead at City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2159
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis,
d. STREET ADDRESS (If rural, give location): 5239 Vermont Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Herman
b. (Middle): J.
c. (Last): Grieshaber

4. DATE OF DEATH (Month) (Day) (Year): Nov. 19, 1953.

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: June 30, 1896

9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months: Days: — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: City Products Co.

11. BIRTHPLACE (City and State or Foreign Country): Offenburg, Missouri. 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph Grieshaber

13b. MOTHER'S MAIDEN NAME: Louise Hogenmiller

14. NAME OF HUSBAND OR WIFE: Lonie Grieshaber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Lonie Grieshaber — **ADDRESS**: 5239 Vermont 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: ½ day

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. Chronic Arteriosclerosis — 1 yr.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: 4201

22. *I hereby certify that I attended the deceased from* Oct. 7, 19 53, *to* Nov. 19, 19 53, *that I last saw the deceased alive on* Nov. 11, 19 53 *and that death occurred at* 5:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Walters M.D.

23b. ADDRESS: 3608 S. Grand Blvd.

23c. DATE SIGNED: 11/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Nov. 23, 1953

24c. NAME OF CEMETERY OR CREMATORY: National Cemetery

24d. LOCATION (City, town, or county) (State): Jefferson Barracks Mo.

DATE REC'D BY LOCAL REG.: NOV 20 1953

REGISTRAR'S SIGNATURE: J. Earl Smith M.D. M.D.

25. FUNERAL DIRECTOR'S SIGNATURE: Gebken-Benz Mortuary — **ADDRESS**: 2842 Meramec St. St. Louis, 18, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Joe B. Berry

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St. St. Louis, 18, Mo.

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

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