.S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 19 1954

State File No. 45324

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12103

1. PLACE OF DEATH
a. COUNTY 0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (in this place)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2159

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lutheran Hospital

d. STREET ADDRESS (If rural, give location) 15 5621 Michigan Ave. 0

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) Josephine C. Greise

4. DATE OF DEATH (Month) (Day) (Year) 12-21-53

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2

8. DATE OF BIRTH 3-11-1877

9. AGE (In years last birthday) 76 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) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Joseph A. Theismann

13b. MOTHER'S MAIDEN NAME Mary Therloff

14. NAME OF HUSBAND OR WIFE Engelbert Greise

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

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Viola Kaufmann 5621 Michigan

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) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH 48 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

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? 4200

22. *I hereby certify that I attended the deceased from* Aug 10, 1954, *to* 12-21, 1954, *that I last saw the deceased alive on* 12-21, 1954, *and that death occurred at* 1255 p., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) William W. Farley M.D.

23b. ADDRESS 2108 S. Grand

23c. DATE SIGNED 12-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-24-53

24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. DEC 23 1953

REGISTRAR'S SIGNATURE J. Carl Smith M.D. MJB

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SOUTHERN FUNERAL HOME 6322 S. GRAND BLVD.

(Licensed Embalmer's Statement on Reverse Side)

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

0

Dr. Wm. Farley

3108 S. Grand

Pr. 5172

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 Albert Mayfield

Licensed Embalmer No. B077

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.