

No. 300
10. 48

FILED MAR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10635

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

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6078 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL JACKSON		c. LENGTH OF STAY (in this place) LIFE		c. CITY OR TOWN _____ d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION WEINLARTEN RR#1		e. STREET ADDRESS (If rural, give location) WEINLARTEN MO RR#1			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) LEO c. (Last) GRITHER			4. DATE OF DEATH (Month) (Day) (Year) MARCH 17 1955		
5. SEX MALE		6. COLOR OR RACE WHITES		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH FEB 17 1889		9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) LAWRENCE TON MO	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME BENEDICT GRITHER		13b. MOTHER'S MAIDEN NAME MARY HEAMAN	
14. NAME OF HUSBAND OR WIFE AGNES LOIAA		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Agnes Grither Weingarten Mo. RR#1		ADDRESS _____		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis	
MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.		2. ANTECEDENT CAUSES DUE TO (b) Arterio-Sclerosis	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 <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) _____		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 _____, 19 50, to Mar 17, 1955, that I last saw the deceased alive on Mar 17, 1955, and that death occurred at 5:00A. m., from the causes and on the date stated above.					
23a. SIGNATURE Anthony E. Szymanski (Degree or title) M.D.		23b. ADDRESS Ste Genevieve Mo		23c. DATE SIGNED 3-19-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) USUAL		24b. DATE MARCH 21 1955		24c. NAME OF CEMETERY OR CREMATORY LADY HELP OF CHRISTIANS WEINLARTEN MO	
24d. LOCATION (City, town, or county) _____ (State) _____		DATE REC'D BY LOCAL REG- 3-17-1955		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

SEP 28 195

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.....
Adrian J. Heller

Licensed Embalmer No. *474*

P. O. Address.....
St. Ignace

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.