

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **14081**

FILED APR 21 1955

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 531		Registrar's No. 816	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City			c. LENGTH OF STAY (In this place) 54 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City			H-340
d. FULL NAME OF HOSPITAL OR INSTITUTION 7030 Waterman Av.				d. STREET ADDRESS (If rural, give location) 7030 Waterman Av.			
3. NAME OF DECEASED (Type or Print) a. (First) Paul R.		b. (Middle) Wayne		c. (Last) Grether		4. DATE OF DEATH (Month) (Day) (Year) 4 / 8 / 55	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 15, 1875		9. AGE (In years by birthday) 79	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realitor, Broker		10b. KIND OF BUSINESS OR INDUSTRY Grether Reality		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Grether		13b. MOTHER'S MAIDEN NAME Mary Ann Peck		14. NAME OF HUSBAND OR WIFE Germaine M. Grether			
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 AND ADDRESS Mrs. Germaine Grether 7030 Waterman Av. University City, Mo.			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) Myocardial Damage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary type					INTERVAL BETWEEN ONSET AND DEATH 5 years 1950	
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) 4201			
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 April 1, 1955 , to April 9, 1955 , that I last saw the deceased alive on April 8, 1955 , and that death occurred at 5:45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) Les P. Gerald				23b. ADDRESS 77 Delmar Blvd. University City, Missouri		23c. DATE SIGNED April 9, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/11/55		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 4/10/55		REGISTRAR'S SIGNATURE Rebecca K. Bonkema		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS LAWRENCE MULLEN & SONS 382 2nd St. Mo.			

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

Ben Hoffman

Licensed Embalmer No. 4369

P. O. Address

Spencer

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.

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