

FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10278

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CHARLES		c. LENGTH OF STAY (In this place) 5 DAYS	c. CITY OR TOWN WENTZVILLE
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 0929	

3. NAME OF DECEASED (Type or Print) a. (First) AGNES b. (Middle) A. c. (Last) GRIESENHAUER			4. DATE OF DEATH (Month) (Day) (Year) APRIL 7 1956		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 3, 1890		9. AGE (In years last birthday) 65 if UNDER 1 YEAR 4 Months 4 Days if UNDER 1 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY IN OWN HOME	11. BIRTHPLACE (City and State or Foreign Country) JOSEPHVILLE, Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME PETER ROETTGER		13b. MOTHER'S MAIDEN NAME LENA KOESTER		14. NAME OF HUSBAND OR WIFE LEO A. GRIESENHAUER (DECEASED)	
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 ADDRESS ROBERT L. GRIESENHAUER, WENTZVILLE, 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) Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 6 Days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			Unknown
		DUE TO (c) Diabetes mellitus			12 years
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		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 **April 2, 1956**, to **April 3, 1956** that I last saw the deceased alive on **April 2, 1956**, and that death occurred at **4:40 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Don R. Randall, M.D.		23b. ADDRESS 207 N. 5th St. Charles, Mo.		23c. DATE SIGNED April 7, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE APRIL 10, 1956		24c. NAME OF CEMETERY OR CREMATORY ST. FRANCIS CEM.	
				24d. LOCATION (City, town, or county) PORTAGE DES SIOUX MO	
DATE REC'D BY LOCAL REG. April 7 1956		REGISTRAR'S SIGNATURE Harriet Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS B. L. Prinster, St. Charles Mo.	

(Licensed Embalmer's Statement on Reverse Side)

PRINSTER-HUGHES FUNERAL HOME INC.

APR 25 1958

JUN 19 1958

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, ~~on~~ by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Etton R. Remel*

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.