

FILED MAY 23 1956

STANDARD CERTIFICATE OF DEATH

State File No. 19392

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY Warren
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton
c. LENGTH OF STAY (in this place) 7 weeks
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Katie Jane Memorial Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY St. Charles
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Femme Osage (Rural) 0920
d. STREET ADDRESS (If rural, give location) 1 mile West of Defiance, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First) August b. (Middle) Martin c. (Last) Greiwe
4. DATE OF DEATH (Month) (Day) (Year) May 13 1956

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH April 14, 1878 9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months 29 IF UNDER 6 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Own Farm 11. BIRTHPLACE (City and State or Foreign Country) St. Charles Co. Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fred Greiwe 13b. MOTHER'S MAIDEN NAME Elizabeth Toedebusch 14. NAME OF HUSBAND OR WIFE

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. 487-20-6443 17. INFORMANT'S SIGNATURE OR NAME Mrs Elmer Burggrabe ADDRESS Warrenton, Mo.

18. CAUSE OF DEATH 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 Thrombosis
ANTECEDENT CAUSES DUE TO (b) Chr. Cardio-Vascular Dis.
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
19. 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) 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3-1956 to 5-13-1956, that I last saw the deceased alive on 5-12-1956, and that death occurred at 11:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. Walter Guermann, M.D. 23b. ADDRESS Warrenton, Mo. 23c. DATE SIGNED 5/15/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE May 16, 1956 24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery 24d. LOCATION (City, town, or county) (State) New Melle, Missouri

DATE RECD BY LOCAL REG. 5/15/56 REGISTRAR'S SIGNATURE Floyd Logan 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marie Muechling, Wentzville, Mo.

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

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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 Seward O. Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.