

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

2757

State File No. \_\_\_\_\_

216

Registrar's No. \_\_\_\_\_

1003

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

**FILED JAN 29 1957**

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>6316 Garesche Ave.</u>					
e. STREET ADDRESS (If rural, give location) <u>6316 Garesche Ave</u>					
<b>3. NAME OF DECEASED</b> (Type or Print) <u>Erwin</u>		a. (First) _____	b. (Middle) _____	c. (Last) <u>Griesbaum</u>	
4. DATE OF DEATH <u>Jan. 6 1957</u>		(Month) _____	(Day) _____	(Year) _____	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 17 1891</u>	9. AGE (In years last birthday) <u>65</u>	
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) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Curtis Mfg. Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) / <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Savier Griesbaum</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ripplinger</u>		14. NAME OF HUSBAND OR WIFE <u>Olivia Griesbaum</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>490 03 2575</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Olivia Griesbaum</u> ADDRESS <u>6316 Garesche Ave.</u>	
(If yes, give year or dates of service) <u>WWI</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Heart Dis</u> <u>Arterio Sclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>many yrs?</u>
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none.</u>
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE <u>no</u> (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 <u>2-27</u> , 19 <u>48</u> , to <u>1-6</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>1-6</u> , 19 <u>57</u> , and that death occurred at <u>8 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>John J. Hammond M.D.</u> (Degree or title)		23b. ADDRESS <u>634 N. Grand.</u>		23c. DATE SIGNED <u>1/7/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/9/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) <u>St. Louis</u> (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>JAN 8 '57</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Buchholz Mortuary 5967 W. Florissant</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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 *W. Fred Buckholz*

Licensed Embalmer No.....

P. O. Address *Law*

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.