V.S. No. 300
Rev. 10.48

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10338

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3150

1. PLACE OF DEATH
a. COUNTY -----
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis,
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo. Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis,
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 7606 Virginia Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) BERTHA
b. (Middle)
c. (Last) GRIVETT

4. DATE OF DEATH (Month) (Day) (Year) Mar. 29, 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 3, 1890
9. AGE (In years last birthday) 66 — 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) Inspector
10b. KIND OF BUSINESS OR INDUSTRY Dietz Lab.
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Gottlieb Mohn
13b. MOTHER'S MAIDEN NAME Bertha Walfvogel
14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No 489-34-3926
17. INFORMANT'S SIGNATURE OR NAME ADDRESS O. L. Luthenauer, 3441 Winnebago St.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Artery Disease 24 hours

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death

4201F

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Open Reduction fracture Rt Ankle
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.) Home
21c. (CITY, TOWN, OR TOWNSHIP) St Louis (COUNTY) Mo. (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-9-57 4 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell on basement steps

22. *I hereby certify that I attended the deceased from* 3-11- *1957, to* 3-29 *, 1957, that I last saw the deceased alive on* 3-29 *, 1957, and that death occurred at* 5 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph E Carney MD (Degree or Title)
23b. ADDRESS 906 Olive
23c. DATE SIGNED 4-1-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/2/57
24c. NAME OF CEMETERY OR CREMATORY Concordia Luth Cem.
24d. LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. APR 1 57
REGISTRAR'S SIGNATURE Karl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und. Co., 7420 Michigan Ave.
(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Carney
Frisco Bldg.
8 till 2 Daily

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Michig

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