

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011188
State File No.

FILED MAR 24 1958

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 64

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

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural- Cuivre Twn.</u> <u>0920</u>	
c. LENGTH OF STAY (In this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hosp't.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emil</u>		b. (Middle) <u>P.</u> c. (Last) <u>Griesbauer</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 13 1958</u>			
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>June 24 1892</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>St. Charles Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Henry Griesbauer</u>		13b. MOTHER'S MAIDEN NAME <u>Albright</u>	
14. NAME OF HUSBAND OR WIFE <u>Lizzie Griesbauer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and date of service) <u>no</u> <u>NAVE</u>		16. SOCIAL SECURITY NO. <u>NAVE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Frank Griesbauer</u>		ADDRESS <u>New Florence Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, 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) <u>Arteriosclerosis heart - Dis.</u> <u>10 years</u>	
		DUE TO (c) <u>L. Bunde Br. Block</u> <u>2 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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) <u>4200</u>			
21d. TIME OF INJURY (Month) - (Day) (Year) (Hour) (m.) <u>9</u> m.		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>Mar 13 1958</u> to <u>Mar 13 1958</u> , that I last saw the deceased alive on <u>Mar 13 1958</u> , and that death occurred at <u>7-11</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Emil Griesbauer</u>		23b. ADDRESS <u>St. Charles Mo</u>	
23c. DATE SIGNED <u>Mar. 14, 1958</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 17 '58</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul</u>		24d. LOCATION (City, town, or county) (State) <u>St. Paul Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 16-58</u>		REGISTRAR'S SIGNATURE <u>Margaret Wilson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Kattley</u>		ADDRESS <u>O'Fallon Mo.</u>	

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 _____

E. A. Keithly

Licensed Embalmer No. 877

P. O. Address Fallon 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.