

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039522

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 241481 Primary Registration District No. 500 Registrar's No. 2886

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in 1b 27 days	c. CITY OR TOWN NEW HAVEN
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION: HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) HOSPITAL
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM J. GREIS		4. DATE OF DEATH Month Day Year October 11 1961	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/21/91
9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and state or country) Hermann, Missouri
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME WILLIAM GREIS	
13b. MOTHER'S MAIDEN NAME CAROLINE GLATZ		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) YES 4-27-18 to 6/3/19		16. SOCIAL SECURITY NO. 4-27-18 to 6/3/19	17. INFORMANT Address Walter Greis, Berger, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) VENTRICULAR FIBRELLATION			INTERVAL BETWEEN ONSET AND DEATH 3 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CEREBRAL VASCULAR ACCIDENT			24 hrs.
DUE TO (c) HYPERTENSIVE CARDIO VASCULAR DISEASE			30 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PROSTATIC HYPERTROPHY		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from VA 9/14/61 to 10/11/61		Death occurred at 2:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Deputy or title) <i>Gene S. ...</i> M.D.		22b. ADDRESS VAH, JEFFERSON BARRACKS, MO.	22c. DATE SIGNED 10/11/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-11-61	23c. NAME OF CEMETERY OR CREMATORY Hermann Cemetery	23d. LOCATION (City, town, or county) (State) Hermann, Missouri.
24. FUNERAL DIRECTOR ADDRESS Blumer Funeral Home, Hermann, Mo.		25. DATE RECD. BY LOCAL REG. 10-13-61	26. REGISTRAR'S SIGNATURE <i>Gene S. ...</i>

STATE OF MISSOURI

DEPARTMENT OF HEALTH

OFFICE OF THE STATE EMBALMER
COURT HOUSE
JEFFERSON CITY, MISSOURI

STATE OF MISSOURI

DEPARTMENT OF HEALTH

OFFICE OF THE STATE EMBALMER

CERTIFICATE

TO BE FILLED OUT BY THE EMBALMER

THIS CERTIFICATE IS TO BE FILED IN THE OFFICE OF THE STATE EMBALMER

AND A COPY OF THE SAME TO BE FURNISHED TO THE COUNTY HEALTH OFFICER

STATE OF MISSOURI

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 Alvin D. Sadwell

Licensed Embalmer No. 4077

P. O. Address St. Louis

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.