

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042070

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 282

FILED NOV 22 1961

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Charles</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>St. Charles</b>                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Charles</b>  |   | c. CITY OR TOWN <b>St. Charles</b>  |  |
| Length of stay in 1b  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>801 S. 5th, St. Charles</b>  |   | d. STREET ADDRESS (If outside, give location) <b>801 S. 5th Street</b>  |  |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><b>Erwin Griewing</b>  |   |   | 4. DATE OF DEATH Month Day Year<br><b>November 14, 1961</b>  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Dec. 16, 1905</b>   |
| 9. AGE (last birthday) <b>55</b>  |   | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Surveyor</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Surveyor</b>  | 11. BIRTHPLACE (City and state or country)<br><b>St. Charles, Mo.</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |   | 13a. FATHER'S NAME<br><b>Edward Griewing</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Sophia Scheimeier</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Verna Dingledine</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>   |   | 17. INFORMANT Address<br><b>Mrs. Verna Griewing, 801 S. 5th, St. Charles</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Myocardial Infarction</b>   |   |   | ONSET AND DEATH<br><b>15 min.</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><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 Month, Day, Year<br>a.m. p.m.  |   |   |  |
| 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 <b>1954</b> to <b>Nov 14, 1961</b> and last saw him alive on <b>October 1961</b><br>Death occurred at <b>11:55</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Paul H. Rother MO</b>  |   | 22b. ADDRESS<br><b>St. Charles, Mo.</b>   | 22c. DATE SIGNED<br><b>11-16-61</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>Nov. 17, 1961</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>St. John's Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Charles, Missouri</b>  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Arthur C. Baue St. Charles, Mo.</b>  | 25. DATE RECD. BY LOCAL REG.<br><b>11/17/61</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Marcella Wilson</b>   |  |

**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 John C Smith

Licensed Embalmer No. 5115  
P. O. Address St. Charles, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.