MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-017642
STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. _____ Registrar's No. 24

FILED MAY 1 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: STE. GENEVIEVE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: RIVER AUX VASES, MO — Length of stay in 1b: 80 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RIVER AUX VASES — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: STE. GENEVIEVE
c. CITY OR TOWN: RIVER AUX VASES — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): RIVER AUX VASES — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ELIZABETH Middle: VERONICA Last: GREIN

4. DATE OF DEATH: Month: APRIL Day: 23, Year: 1962

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11-18-1881
9. AGE (last birthday): 80 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): RIVER AUX VASES, MO
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: ADOLPH HUBER
13b. MOTHER'S MAIDEN NAME: GRACE MESSMER
14. NAME OF HUSBAND OR WIFE: FRANK L. GREIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: AUGUST GREIN Address: RIVER AUX VASES, MO.,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterio sclerotic Heart disease and hypertension — ?
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1960 October, to April 23 62 and last saw her him alive on April 10/62
Death occurred at 7:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph T. Lutkewitte MD
22b. ADDRESS: Ste Genevieve Mo
22c. DATE SIGNED: April 24/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 4-25-62
23c. NAME OF CEMETERY OR CREMATORY: S.S. PHILIP & JAMES
23d. LOCATION (City, town, or county) (State): RIVER AUX VASES, MO

24. FUNERAL DIRECTOR: JEROME H. STANTON ADDRESS: STE. GENEVIEVE, MO
25. DATE RECD. BY LOCAL REG.: 25 April 1962
26. REGISTRAR'S SIGNATURE: George F. Word

(Licensed Embalmer's Statement on Reverse Side)

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 Jerome L. Stauber

Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, 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.