

015-1-0-2-015-0-2

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

4201 25

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO. 11656

1. PLACE OF DEATH a. COUNTY Bexar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Bexar	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN San Antonio) OR TOWN (San Antonio) Castle Hills		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN (San Antonio) Castle Hills	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Benedict's Hospital		d. STREET ADDRESS (If rural, give location) Rt. 11, Box 135-D	
3. NAME OF DECEASED (Type or Print) a. (First) TIM b. (Middle) GRIESENBECK c. (Last) GRIESENBECK		4. DATE OF DEATH 25 March 1953	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 10 Dec. 1896
9. AGE YEARS 56 MONTHS 3 DAYS 15		9. AGE YEARS 56 MONTHS 3 DAYS 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Kennel Operator		10b. KIND OF BUSINESS OR INDUSTRY Dog Kennel	
11. BIRTHPLACE (State or foreign country) Texas		11. BIRTHPLACE (State or foreign country) Texas	
12. FATHER'S NAME Hugo Griesenbeck BIRTHPLACE Texas		13. MOTHER'S MAIDEN NAME Iulu McAllister BIRTHPLACE Texas	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) yes W. W. I		15. SOCIAL SECURITY NO. W. W. I	
16. INFORMANT'S SIGNATURE <i>Margaret G. Griesenbeck</i>		16. INFORMANT'S SIGNATURE <i>Margaret G. Griesenbeck</i>	
17. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES DUE TO (b) Coronary sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18a. DATE OF OPERATION _____		18b. MAJOR FINDINGS OF OPERATION _____	
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE)		20c. (CITY, TOWN, OR PRECINCT NO.) (COUNTY) (STATE)	
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20f. HOW DID INJURY OCCUR? _____		20f. HOW DID INJURY OCCUR? _____	
21. I hereby certify that I attended the deceased from 3-18, 1953 , to 3-25, 1953 , that I last saw the deceased alive on 3-24, 1953 , and that death occurred at 5:30 A.M. , from the causes and on the date stated above.			
22a. SIGNATURE <i>E. J. MacCallister M. D.</i>		22b. ADDRESS 1616 San Pedro	
22c. DATE SIGNED 3-25-53		22c. DATE SIGNED 3-25-53	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 26 Mar. 1953	
23c. NAME OF CEMETERY OR CREMATORY San Fernando No. 2		23c. NAME OF CEMETERY OR CREMATORY San Fernando No. 2	
23d. LOCATION (City, town, or county) (State) San Antonio Texas		24. FUNERAL DIRECTOR'S SIGNATURE ANGELUS FUNERAL HOME: <i>Stewart C. Fisher</i> #925	
25a. REGISTRAR'S FILE NO. 1067		25b. DATE REC'D BY LOCAL REGISTRAR MAR 26 1953	
25c. REGISTRAR'S SIGNATURE <i>Stewart C. Fisher</i>		25c. REGISTRAR'S SIGNATURE <i>Stewart C. Fisher</i>	

INFORMATION CALLED FOR ON THE REVERSE SIDE

CODE No. 420, 1 B. C. NOTE THE