MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 25414

Township ..... Primary Registration District No. 1C 3 Registered No. 7226

City St. Louis, (No. Home for the Aged. St. ..... Ward)

2. FULL NAME James Robert Greenwell

(a) Residence. No. 3400 S. Grand Blvd. St. 16 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dont know. 1853.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About	75	--	--	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianopolis, Ind.

PARENTS

10. NAME OF FATHER Richard Greenwell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

12. MAIDEN NAME OF MOTHER Theresia Durben

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

14. INFORMANT Sister Michael (Address) 3400 S. Grand Blvd.

15. FILED JUL 11 1928 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 9 10

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 1928

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to July 10, 1928, that I last saw him alive on July 10, 1928, and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Regulation

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Arthur Sclerosis

(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 900

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [signature], M. D

July 11, 1928 (Address) 3165 So Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL SS. Peter & Paul Cemetery.

DATE OF BURIAL July 11 1928

20. UNDERTAKER J H Gibson L and N. Co

ADDRESS 2842 Keramec

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

...ING INK—THIS IS A PERMANENT RECORD