

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

Do not use this space.

34078

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo (No. Luther Hosp.)

File No.
Registered No. 9841
St. Ward)

2. FULL NAME

Walter Greenwood

(a) Residence. No. 3634 Blaine St. 17 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Flora Greenwood

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

Jan. 6 - 1862

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>66</u>	<u>8</u>	<u>29</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Paint Mixer

(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) England

10. NAME OF FATHER

Henry Greenwood

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER

M. Betty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) England

14.

INFORMANT Flora Greenwood
(Address) 3634 Blaine

15.

FILED 1-8-1923 Max G. Starr clerk
REGISTERED

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 5th 1928

17. I HEREBY CERTIFY That I attended deceased from June 30th 1928, to Oct 5th 1928 that I last saw him alive on Oct 4th 1928, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

46B Embolism (Pulmonary)
IIIB

CONTRIBUTORY Operation for Carcinoma of Small Intestine
(SECONDARY) (duration) yrs. mos. ds. 1 ds.

18. WHERE WAS DISEASE CONTRACTED Operated at Luther Hosp. 1914-24
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1914-24
WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? James Lymphatics
(Signed) Geo. H. Flynn, M. D.

195, 1928 (Address) Missouri Bldg.

*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 St. Marys Ohio **DATE OF BURIAL** Oct 8 1928

20. UNDERTAKER J. Seteman Und. **ADDRESS** 4320 Waine

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.

RECORD WITH OXYGEN INK—THIS IS A PERMANENT RECORD

Hetero