

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

Do not use this space.

JUL 14 1936

24873

1. PLACE OF DEATH

County _____
Township St. Louis
City St. Louis

Registration District No. **791**
Primary Registration District No. **1003**

File No. _____
Registered No. **6528**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3154 Alfred Ave 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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 25 - 1936</u> | | |
| 7. AGE | YEARS <u>4</u> | MONTHS <u>4</u> |
| | DAYS <u>2</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____ | |
| | 10. Date deceased last worked at this occupation (month and year) _____ | 11. Total time (years) spent in this occupation _____ |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u> | | |
| FATHER | 13. NAME <u>Perry Greenhill</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u> | |
| MOTHER | 15. MAIDEN NAME <u>Josephine Greenhill</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warrington Mo</u> | |
| 17. INFORMANT (ADDRESS) <u>Perry Greenhill 3154 Alfred Ave</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mathew C</u> DATE <u>June 27, 1936</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Peltz Bros 3024 Lafayette Ave</u> | | |
| 20. FILED JUN 27 1936 <u>J. P. Bredeck</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1936, to June 27, 1936. I last saw her alive on June 26, 1936. Death is said to have occurred on the date stated above, at 4:40 m. The principal cause of death and related causes of importance were as follows:
Pro lapse of cord, Asphyxia

Other contributory causes of importance: 160 lbs

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) T. S. Salovey, M. D.
(Address) 536 W. Taylor St. St. Louis, Mo.

WRITE PLAINLY, WITH UNFADING INK.--THIS IS A PERMANENT RECORD

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.

