

DEC 13 1937

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

39118

Do not use this space.

10105

1. PLACE OF DEATH

(a) County..... Registration District No..... 7912
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. 5717 Roosevelt Pl. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Hannah J. Greenwood
 (a) Residence, No. 5717 Roosevelt Pl. St. 6 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11th, 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>91</u>		<u>5</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Illinois

13. NAME John Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) W. H. Dakty
5887 Wabada Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Cemetery Nov. 1st, 1937

19. FUNERAL DIRECTOR (ADDRESS) Rehmanns Hall
1905 Union Blvd.

20. FILE NO. NOV 1 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1937, to Oct 30, 1937

I last saw her alive on Oct 30, 1937. Death is said to have occurred on the date stated above, at 1:20 P.M.
 The principal cause of death and related causes of importance were as follows:

Bronch. Pneumonia

Date of onset
Oct 23
1937

Other contributory causes of importance:

Arteriosclerosis1930

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) W. S. Jones, M. D.
 (Address) 1500 Collins St.

 8999
 33-1-2
 33-1-2

*Dr. James
Lester / 11/1/64*

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Harvey A. Carver* _____

Licensed Embalmer No. *3534*

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.)