FEB 12 1938

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

1132
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 988
(c) City St. Louis (d) Street No. City Hospital 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 47 yrs. 3 mos. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward C. Greene 650
(a) Residence, No. 3616 N. 19th St. St. 26
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Divorced
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 17th 1890.
7. AGE: YEARS 47 MONTHS 3 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chauffeur
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) 1928
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri.

FATHER
13. NAME: Louis Greene
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boston, Mass. Mass.

MOTHER
15. MAIDEN NAME: Katherine Boyd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Princeton Kentucky

17. INFORMANT (ADDRESS): Mrs. Lillie M. Biermann 3701 N. 25th St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens Cem. DATE Jan. 29th 1938
19. FUNERAL DIRECTOR (ADDRESS): Friedmeyer & Sons 3934 N. 20 St.
20. FILED JAN 27 1938 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/26/38, 19
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:10 A.M.
The principal cause of death and related causes of importance were as follows:
Cardiac Hypertrophy 95 bz
Date of onset
Other contributory causes of importance:
Arterio Sclerosis
Name of operation ..... Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? Yes
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 See above
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Joseph M. Quinn, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Ralph W. Guedmeyer, Licensed Embalmer No. 2562

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Ralph W. Guedmeyer

Licensed Embalmer No. 2562

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)