REC'D APR 8 1938

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

12002
Do not use this space.

1. PLACE OF DEATH
(a) County ST. Louis — Registration District No. 784
(b) Township Clayton — Primary Registration District No. 101 — Registered No. 455
(c) City Clayton — (d) Street No. St. Louis County 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harris Greengard 662
(a) Residence, No. 6469a San Bonita, Clayton, Mo.
(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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1871

7. AGE: YEARS 67 — MONTHS 0 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
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) Poland

FATHER
13. NAME Abraham Greengard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER
15. MAIDEN NAME Gussie Hirch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT (ADDRESS) ESTHER GREENGARD 6469a SAN BONITA

18. BURIAL, CREMATION, OR REMOVAL PLACE CHESED SHEL EMETH DATE 3/11 1938

19. FUNERAL DIRECTOR (ADDRESS) H.B. Berger 4715 McPHERSON

20. FILED 3-11 1938 T. R. Meyer M.D. P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/10/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/28/38, 19, to 3/10/38, 19
I last saw him alive on 3/10/38, 19 Death is said to have occurred on the date stated above, at 9:40 A.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis — c̄ Congestive Failure	?

Other contributory causes of importance:

Chr. Hyp. Prostatitis — Cardio Vascular Renal Disease — Arteriosclerotic	?

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? .....
If so, specify .....
(Signed) August P. Landisius, M. D.
(Address) St. Louis County Hosp.

(Licensed Embalmer's Statement on Reverse Side)

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.

V. S. No. 2. 50M-7-30-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, H. J. Berger, Licensed Embalmer No. 1597

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 1597

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.)