

REC'D OCT 12 1938

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

 30606  
 Do not use this space.

## 1. PLACE OF DEATH

 (a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. **8043**  
 (c) City ST LOUIS (d) Street No. PARK LANE MEMORIAL HOSP. 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 MARIE A. GREENWALD
 (a) Residence, No. 6438 VIRGINIA AV. St. 1 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

 3. SEX FEMALE 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 ADAM GREENWALD
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 2 - 1897
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
41 1 7

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
 9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

 12. BIRTHPLACE (CITY OR TOWN) ST LOUIS (STATE OR COUNTRY) MO

 FATHER 13. NAME LOUIS GRELLNER 14. BIRTHPLACE (CITY OR TOWN) ST LOUIS (STATE OR COUNTRY) MO

 MOTHER 15. MAIDEN NAME ROSE RIST. 16. BIRTHPLACE (CITY OR TOWN) ST LOUIS (STATE OR COUNTRY) MO

 17. INFORMANT ADAM GREENWALD (ADDRESS) 6438 VIRGINIA AV.

 18. BURIAL, CREMATION, OR REMOVAL PLACE PETER PAUL CEM. DATE SEPT. 13, 1938

 19. FUNERAL DIRECTOR (NAME) JOS. P. FENDLER JR. (ADDRESS) 7128 MICHIGAN AV.

 20. FILED SEP 12 1938 J. D. Budick Local Registrar
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1938
 22. I HEREBY CERTIFY, That I attended deceased from June 7, 1938, to Sept 9, 1938  
 I last saw him alive on Sept 9, 1938. Death is said to have occurred on the date stated above, at 7:40 p.m.

The principal cause of death and related causes of importance were as follows:

Greenian  
Chronic nephritis  
Operation for obstruction, which was caused by carcinoma of intestine  
 Date of onset .....  
 Other contributory causes of importance:

Guarded Curvulariasis  
Probable primary seat in intestine  
 Name of operation P.O. admet Date of 6/9/38  
 What test confirmed diagnosis? causation Was there an autopsy? no

 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury 1938  
 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) J. D. Budick M. D.  
 (Address) 4930 Lechelle Blvd.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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

**If this body is not embalmed, above space should be left blank.**