

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33979

State File No.

1003

Registrar's No.

8676

Registration District No. 791 Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether
In this community.
years, months or days)

3. (a) PRINT FULL NAME Raymond Greenlee

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years
(Month) (Day) (Year)

7. Birth date of deceased Feb 5 1927
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
13 8 14 hr. min.

9. Birthplace Herculaneum Mo
(City, town, or county) (State or foreign country)

10. Usual occupation At School

11. Industry or business.....

12. Name Charles Greenlee

13. Birthplace Hopine Mo
(City, town, or county) (State or foreign country)

14. Maiden name Emma Belcher

15. Birthplace Steeleville Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Greenlee

(b) Address 2424 S Broadway

17. (a) Burial (b) Date thereof 10/22/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herculaneum Mo

18. (a) Signature of funeral director Weick Bros

(b) Address 412 Duchouquette St

19. (a) OCT 21 1940 (b) J. F. Belcher
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2424 S Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19,
year 1940 hour 5:30 minute..... P. M.

21. I hereby certify that I attended the deceased from October
14, 1940, to October 19, 1940;
that I last saw him alive on October 19, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Leukemia Asd.
Duration

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature C. E. Thibault (M.D. or other)
Address 1515 Lafayette Ave. Date signed 10/21/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 3722

P. O. Address 412 Duquesne Ave

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.)

If this body is not embalmed, fact should be so stated above.