No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32545

Registration District No. 784 | Primary Registration District No. 117 | Registrar's No. 1841

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Webster Groves, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Glenwood Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years, 10 months, 16 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis Co.
(c) City or town Webster Groves, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1300 Grant Road, Webster Groves, Mo. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME RACHEL L. GREENE
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. O.H Greene
6. (c) Age of husband or wife if alive 85 years (?)
7. Birth date of deceased Dec. 15, 1859 (Month) (Day) (Year)

8. AGE: Years 81 | Months 8 | Days 20 | If less than one day hr. min.

9. Birthplace Rochester / Pennsylvania (City, town, or county) (State or foreign country)
10. Usual occupation Inmate of mental hospital
11. Industry or business —
MOTHER FATHER
12. Name John L. Lehmer
13. Birthplace / Pennsylvania (City, town, or county) (State or foreign country)
14. Maiden name Nancy Marattel
15. Birthplace / Pennsylvania (City, town, or county) (State or foreign country)
16. (a) Informant Mr. O. H. Greene
(b) Address 7373 Pershing Ave, St Louis
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/8/41 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine
18. (a) Signature of funeral director Alexander O. Sons Inc.
(b) Address 6175 Delmar Blvd.
19. (a) SEP - 8 1941 (Date received local registrar) (b) C. G. McGavron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5th year 1941 hour 11 minute 05 P.M.
21. I hereby certify that I attended the deceased from July 1, 1940 to Sept 15, 1941; that I last saw her alive on Sept 4, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Inanition	3 days
Due to (1) Senility (2) Senile Psychosis	
(3) Arteriosclerosis	
Due to Bronchopneumonia (?)	1 mo (?)
Other conditions (1) Right Cystic (Include pregnancy within 3 months of death)	5 years (?)
Kidney (2) Hypertension	

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

23. Signature Edward L. Carapa (M. D. or other) M.D.
Address 1300 Grant Rd, Webster Groves, Mo. Date signed Sept. 6, 1941.

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond L. Morris, Registered Apprentice No. 290 working under my personal supervision.

Signed Jos. E. McCullock

Licensed Embalmer No. 2420

P. O. Address 6125 Delmar

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.