

REG JAN 26 1942 791
Registration District No. _____

Primary Registration District No. _____

Registrar's No. 9630

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Mos. 18 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1133 Bayard Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2,
year 1941 hour 8:30 minute _____ P. _____ M.
21. I hereby certify that I attended the deceased from July
14, 1941 to December 2, 1941;
that I last saw h. im alive on December 2, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Rheumatic Heart Disease 3 yrs +

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 [Signature] (M. D. or other) _____
Address 1515 Lafayette Ave. Date signed 12/3/41

3. (a) PRINT FULL NAME Roby Allison Greenlee
3. (b) If veteran, name war No. 3. (c) Social Security No. 497-03-0538

4. Sex Male 5. Color or race White 6. (a) Single/widowed, married, divorced Married
6. (b) Name of husband or wife Marie 6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased Sept. 15 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 2 17 hr. _____ min.

9. Birthplace Crawford Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Filling Station Employee

11. Industry or business RefinOil Co.

MOTHER FATHER { 12. Name Patrick M. Greenlee
13. Birthplace Crawford Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Jennie Record
15. Birthplace Crawford Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant P.M. Greenlee
(b) Address Bourbon, Mo.

17. (a) Removal (b) Date thereof 12-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bourbon, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) DEC 4 1941 (b) [Signature]
(Date received by registrar) (Registrar's signature)

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

Walter H. Burnley

License No. 4202

P. O. Address.....

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.