

FILED OCT 28 1942  
318  
Registration District No.

1003  
Primary Registration District No.

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: CITY HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000  
(c) City or town ST. LOUIS, ST. 17  
(If outside city or town limits, write "RURAL") 925  
(d) Street No. 117 NO. 9, ST.  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Charles Greenwell

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 492-12-2371

4. Sex MALE 0 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HATTIE GREENWELL 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased MARCH 30 1889  
(Month) (Day) (Year)

8. AGE: Years 53 Months 6 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace MO. - 0  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE PAINTER

11. Industry or business { 12. Name MUNSON MARION GREENWELL

13. Birthplace MO. 0  
(City, town, or county) (State or foreign country)

14. Maiden name EMMA DONT KNOW  
(City, town, or county) (State or foreign country)

15. Birthplace DONT KNOW  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. HATTIE GREENWELL  
(b) Address 4935 PENROD AVE

17. (a) BURIAL (b) Date thereof OCT. 13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HIRAM CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. OCT 13 1942 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10 year 1942 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from 10-7-42 to 10-10-42 1942  
that I last saw him alive on 10-10-42, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death meningitis

Due to Ch. Meningitis

Due to 10/10/42

Other conditions (Include pregnancy within 3 months of death) 10/10/42

Major findings: Of operations 10/10/42  
Of autopsy as above

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) (2) Means of injury U

23. Signature Don. Petersen (M. D. or other) \_\_\_\_\_  
Address 1514 Lafayette Date signed \_\_\_\_\_

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

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**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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Linsell Blvd

**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, above space should be left blank.**