

FILED FEB 23 1943 18
Registration District No. **1003**

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1517a Goodfellow Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days)

3. (a) PRINT FULL NAME **Martha Emma Greenwood**

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 **Widowed**

6. (b) Name of husband or wife **Benjamin F.** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **July 16 1863**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	6	25	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER {
12. Name **Charles Jackson**
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **M. M. Greenwood**
(b) Address **1517a Goodfellow Ave.**
17. (a) **Burial** (b) Date thereof **2-13-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cem.**
18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd**

19. (a) **J. J. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1517a Goodfellow**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **11**
year **1943** hour **11** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Febr. 4th**
1943 to **Febr. 10,** 1943
that I last saw her alive on **Febr. 10,** 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho-Pneumonia**
Duration

Due to **Exposure - July weather condition**

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: **107**
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 **J. Spector** (M. D. or other)
Address **5720 Easton Ave** Date signed **2/14/43**

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

5720-1 East Tower
2 - 54-9-12

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 Albert R. Thompson Jr.
Licensed Embalmer No. 4237

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.