

APR 19 1943
Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 3121

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **Saint Louis, Missouri.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3428 Michigan 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri.** (b) County.....
 (c) City or town..... **Saint Louis.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3428 Michigan Ave.**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **William F. Greenemay**

3. (b) If veteran, name war..... 3. (c) Social Security No. **492-05-2735.**

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

7. Birth date of deceased **October 24th, 1904.**
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 38 | 5 | 7 | hr. min. |

9. Birthplace **Saint Louis, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business.....

MOTHER FATHER { 12. Name **Guttllob Greenemay**

13. Birthplace **Unknown: Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Schloke**

15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Arthur Greenemay**

(b) Address **3428 Michigan Ave.**

17. (a) **Burial** (b) Date thereof **April 3, 43.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lakewood Park Cemetery.**

18. (a) Signature of funeral director **Fregentkem Bross**

(b) Address **6409 Gravois Ave.**

19. (a) **APR 2 1943** (Date received local registrar) **J. J. Budeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **1st**, year **1943.** hour **3:25** minute **0** P. M.

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

Immediate cause of death **Strangulation by hanging when deceased was found hanging from a gutter in the rearage of his home April 1st 1943 about 3:25 P.M. while suffering from temporary mental aberration**

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

Major findings: Of operations **H&H** 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) **suicide**
(b) Date of occurrence **April 1st 1943**
(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) (c) Means of injury **hanging**

23. Signature **Alfred Henry** (M. D. or other) Address **App to home** Date signed **4/2/43**

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 Juddie A. Ziegler
Licensed Embalmer No. 2270
P. O. Address 6409 Gravois

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.