

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19634

State File No.

Registrar's No.

FILED JUN 19 1943

318

1003

5416

Registration District No.

Primary Registration District No.

## 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  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... 10 Days  
 (Specify whether

In this community.....  
 years, months or days)3. (a) PRINT FULL NAME..... John Dee Greenway3. (b) If veteran, name war..... 720  
 3. (c) Social Security No..... 7204. Sex..... Male  
 5. Color or race..... White  
 6. (a) Single, widowed, married, divorced..... Married6. (b) Name of husband or wife..... Cora Hartman Greenway  
 6. (c) Age of husband or wife if alive..... 60 years7. Birth date of deceased..... April 11th 1873  
 (Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
70 2 -  
 hr. min.9. Birthplace..... Missouri  
 (City, town, or county) (State or foreign country)10. Usual occupation..... Real Estate Sales Retired

## 11. Industry or business

12. Name..... Orrison Greenway13. Birthplace..... Carolina  
 (City, town, or county) (State or foreign country)14. Maiden name..... Mary Unknown  
 (City, town, or county) (State or foreign country)15. Birthplace..... Missouri  
 (City, town, or county) (State or foreign country)16. (a) Informant..... Cora Hartman Greenway(b) Address..... 5021 Waterman, St. Louis, Mo.17. (a) Burial  
 (Burial, cremation, or removal) (b) Date thereof..... June 14, 1943  
 (Month) (Day) (Year)(c) Place: burial or cremation..... New St. Marcus Cemetery18. (a) Signature of funeral director..... Walt Brook & Co.(b) Address..... 2929 So. Jefferson, St. Louis, Mo.19. (a) JUN 14 1943  
 (Date received local registrar) (b) J. F. Branch  
 (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State..... Mo. (b) County..... 000 17  
 (c) City or town..... St. Louis,  
 (If outside city or town limits, write "RURAL") 7 12  
 (d) Street No..... 5021 Waterman  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country..... 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June day..... 11,  
 year..... 1943 hour..... 7:15 minute..... A. M.21. I hereby certify that I attended the deceased from..... June  
2, 1943, to June 11, 1943,  
 that I last saw him alive on..... June 11, 1943,  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Carcinoma of Cecum with  
generalized abdominal metastases  
 Due to..... 2 yr

Due to.....

Other conditions.....  
 (Include pregnancy within 3 months of death)Major findings:  
 Of operations.....Of autopsy..... Carcinoma - evidence  
of bowel resection

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..... H. Smith (M. D. or other)  
 Address..... 1515 Lafayette Avenue Date signed..... 6/11/43

Duration

PHYSICIAN

Underline  
 the cause to  
 which death  
 should be  
 charged sta-  
 tistically.

**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 *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

P. O. Address *2929 S. Jefferson*

**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.**