

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5168**  
Registrar's No. **1199**

FILED FEB 18 1944  
Registration District No. **378**

Primary Registration District No. **1003**

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

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:  
City Infirmary  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 22 years  
(Specify whether years, months or days)

In this community..... life  
(Specify whether 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. 5800 Arsenal St.  
(If rural, give location)

(e) Citizen of foreign country? American (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME William Greenhalgh

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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 march 16 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 10 19 hr. min.

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

10. Usual occupation Musician

11. Industry or business.....

MOTHER FATHER { 12. Name William Greenhalgh

{ 13. Birthplace England  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ann Grennhalgh

{ 15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant C. Hannon

(b) Address 5800 Arsenal St.

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

(c) Place: burial or cremation St Peters Cem

18. (a) Signature of funeral director Provost Und Co

(b) Address 3710 N Grand

19. (a) FEB 7 1944 (Date received local registrar) J. J. Pudelek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 5, 1944  
year..... hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb. 19-22  
....., 19....., to Feb. 5, 1944....., 19.....  
that I last saw him..... alive on Feb. 4, 1944....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
arteriosclerotic heart disease 20 years

Due to.....  
Due to.....

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

Major findings: Blind; Bilateral inguinal hernia

Of operations.....  
Of autopsy.....

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) (c) Means of injury.....  
23. Signature Thomas A. Huesman M.D. (M. D. or other)  
Address 5800 Arsenal Date signed 2-6-44

**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

*Robert L. Brinkman*

Licensed Embalmer No. *3553*

P. O. Address *3710 N Grand*

**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.**