

FILED MAY 23 1944

Registration District No. 317

Primary Registration District No. 3070

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Webster Groves  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Glenwood Sanitarium  
(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 Oliver Herbert Greene

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, married  
6. (b) Name of husband or wife Bertha Reinhardt 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Oct. 19, 1859  
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Manager

11. Industry or business National Lead Co.

MOTHER FATHER { 12. Name Oliver Herbert Greene  
13. Birthplace East Hatton, Conn. (City, town, or county) (State or foreign country)  
14. Maiden name Unknown Rohr  
15. Birthplace Frederick Maryland (City, town, or county) (State or foreign country)

16. (a) Informant Bertha R. Greene  
(b) Address 7373 Pershing Ave.  
17. (a) Entombment \_\_\_\_\_ (b) Date thereof 5/23/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cak Grove Mausoleum

18. (a) Signature of funeral director Robert J. Ambruster  
(b) Address Clayton Rd. at Concordia Lane

19. (a) MAY 23 1944 (b) E. D. Mc Garrison, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7373 Pershing Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22  
year 1944 hour 3 minute 25 P.M.

21. I hereby certify that I attended the deceased from Dec. 6<sup>th</sup>, 1943, to May 22, 1944  
that I last saw him alive on May 21<sup>st</sup>, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis, general

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 97  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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 Paul Hmes M.D. (M. D. or other) \_\_\_\_\_  
Address Webster Groves, Mo. Date signed 5-22-44

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

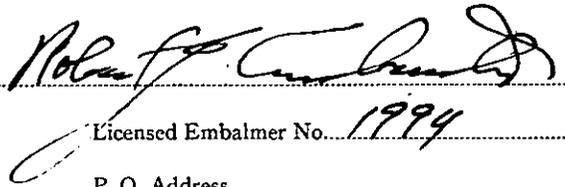
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**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No.....

1994

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.**