

FILED SEP 20 1944 8
Registration District No.

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 Hospital **0**
(If not in hospital for institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Day**
(Specify whether _____)

In this community **75 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **17**

(c) City or town **ST. Louis**
(If outside city or town limits, write "RURAL") **17**

(d) Street No. **775 Goodfellow Ave.**
(If rural, give location) **17**

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

3. (a) PRINT FULL NAME **Arthur W. Greene**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **12**
year **1944** hour **2** minute **05 A.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Mary Greene** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 12 1864**
(Month) (Day) (Year)

Immediate cause of death
Oedema of Brain
Broncho-Pneumonia

Due to _____

Due to **107**

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

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

80	2	0	hr. _____ min.
-----------	----------	----------	----------------

9. Birthplace **New York N.Y.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Meat Inspector**

11. Industry or business **Government**

MOTHER FATHER { 12. Name **Unknown Greene**

{ 13. Birthplace **Dont Know Dont Know**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Dont Know Dont Know**

{ 15. Birthplace **Dont Know Dont Know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Edith Connell**

(b) Address **775 Goodfellow Ave.**

17. (a) **Burial** (b) Date thereof **9-14-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd**

19. (a) **SEP 13 1944** (b) _____
(Date received local registrar) (Registrar's signature)

Major findings:
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? _____

(Specify type of place)

While at work? _____ (e) Means of injury **3**

23. Signature **James J. Fitzmaurice** (M. D. or other) _____
Address **1300 Delart** Date signed **9-17-44**

APR 9 1945

W. H. VanMatre

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..... *W. H. VanMatre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.