

FILED APR 17 1945

Registration District No. 10

Primary Registration District No. 3002

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

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
721 S. Clark St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community 17 years  
years, months or days)

3. (a) PRINT FULL NAME John William Greenberg

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male FD 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Greenberg 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February 9, 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>1</u>	<u>4</u>	hr. _____ min.

9. Birthplace St. Charles, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John William Greenberg Ida

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

14. Maiden name Emma Gromanna

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

16. (a) Informant Mrs. Ida Greenberg

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof March 15, 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran, St. Charles, Mo.

18. (a) Signature of funeral director Paul E. ...

(b) Address Mexico, Mo.

19. (a) 3/14/45 (b) Margaret H. Mackie  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Mexico  
(If outside city or town limits, write "RURAL") 1

(d) Street No. 721 S. Clark St.  
(If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_ D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mar day 13  
year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from mar 1 1945 to mar 13 1945  
that I last saw him alive on mar 12 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: myocarditis chr.  
apoplexy  
arteriosclerosis

Duration 2 yrs

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_ gsh

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature R. S. Williams (M. D. or other) MD

Address Mexico, Mo. Date signed 3/14/45

1074

RECEIVED

District Health Officer No. 10

District File Number 4-45-581

Date Filed APR. 13. 1949

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.....

Earl E. Procht....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Procht.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, Mo......

**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.**