

S. No. 2
UM-2-43
ev. 5-17-39
X33697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED JUL 20 1945

STANDARD CERTIFICATE OF DEATH

State File No. 21969
5893
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

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 Sanitarium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs 8 mos 2 ds
(Specify whether years, months or days) 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17B
(If outside city or town limits, write "RURAL")
(d) Street No. St. Francis Hotel 9
City Sanitarium
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DUDLEY GREENE

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

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

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

7. Birth date of deceased October 16 1864
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day
80 8 19
hr. min.

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

10. Usual occupation Farmer--- Barber

11. Industry or business

12. Name Silas Greene

13. Birthplace Kane Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Enslow

15. Birthplace Alton Ill 1
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma A. Singler

(b) Address 5400 Arsenal St.

17. (a) Cremation (b) Date thereof 7-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C.R. Lupton + Sons

(b) Address 7233 Delman Blvd.

19. (a) JUL 6 1945 (b) J Medish
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1945 hour 1:00 minute P. A.M.

21. I hereby certify that I attended the deceased from July 1 45 to July 5 45
that I last saw him im alive on July 5 45
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardium Old Infarct 6 weeks
Coronary Occlusion 6 wks.

Due to

Due to

Other conditions: 9/4a
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Yes

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

23. Signature Cyrus Paclter (M. D. or other)

Address 5400 Arsenal Date signed 7/6/45

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

10
17
9

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

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.