S. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 344

FILED JAN 25 1946

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 468

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

2551

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: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days)

In this community ?

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. 5960 N. Pointe Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Elsie M. Greene

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Roy D. Greene

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

7. Birth date of deceased November 14, 1872. (Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 0 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Lewis Williams

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

MOTHER 14. Maiden name Julia Carroll

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

16. (a) Informant Mrs. Opal Held

(b) Address 5960 N. Pointe Blvd.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 17, 1946. (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) JAN 15 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14 year 1946 hour 9 minute 45 a.m.

21. I hereby certify that I attended the deceased from Dec. 27 1945 to Jan. 14 1946 that I last saw her alive on Jan. 14 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	6 days
Due to: Auricular fibrillation	10 days
Due to: Chronic myocarditis	5 yrs.
Other conditions: Pulmonary edema (Include pregnancy within 3 months of death)	

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

23. Signature Horace Johnson (M. D. or other) M.D.

Address 2435 N. Broad Date signed 1-14-46

(Licensed Embalmer's Statement on Reverse Side)

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 John A. Mlenar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.