

S. No. 2  
M-5-43  
5-17-39  
I X36671

**FILED MAR 14 1947**  
Registration District No. **318**

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:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (unk) s.  
(Specify whether  
In this community 67 yrs  
years, months or days)

**3. (a) PRINT FULL NAME** DENA GREENBERG  
**3. (b) If veteran,** name war. No **3. (c) Social Security** No. No

**4. Sex** female **5. Color or race** white  
**6. (a) Single, widowed, married, divorced** widowed  
**6. (b) Name of husband or wife** Joseph Greenberg **6. (c) Age of husband or wife if alive**..... years  
**7. Birth date of deceased** MARCH 10 1979  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
67 11 24 hr. min.

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

**10. Usual occupation** at home

**11. Industry or business**.....

**MOTHER FATHER**  
**12. Name** Harris Neusteter  
**13. Birthplace** Austria 4  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Fannie Pitzla  
**15. Birthplace** Austria 4  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Herbert Greenberg  
**(b) Address** 6601 Enright

**17. (a) burial, (b) Date thereof** 3/5/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** B'Nai Amoona

**18. (a) Signature of funeral director** Berger Memorial  
**(b) Address** 4715 McPherson

**19. (a) (b) J. F. Bredbeck**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 5 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5730 Kingsbury 9  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month March day 4th  
year 1947 hour 12 minute 40 p.m.

**21. I hereby certify that I attended the deceased from** Nov 2 24 1946, to March 4 1947.  
that I last saw her alive on March 4 1947.  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Melanotic Sarcoma  
**Duration** 7yrs

**Due to**.....  
**Due to**.....

**Other conditions**.....  
(Include pregnancy within 3 months of death)

**Major findings:** Melanotic sarcoma  
**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?**

**While at work?** (Specify type of place) (a) Means of injury 0

**23. Signature** Herbert Greenberg (M. D. or other) MD  
**Address** 508 N. Grand **Date signed** 3/5/47

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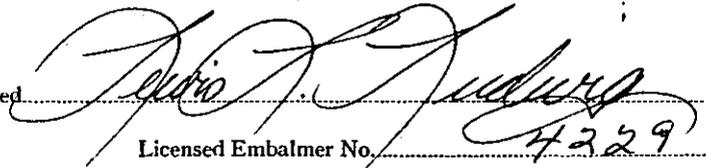
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**STATEMENT BY LICENSED EMBALMER**

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. 4229

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.**