

No. 2
2-45
17-39
X4720

FILED SEP 8 1947
318

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 17791

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:
Masonic Home of Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Willie Belle Greenleaf
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race white
6. (a) Single, widwed, married, divorced widowed
6. (b) Name of husband or wife Wm. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 15, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>2</u>	<u>29</u>	hr. min.

9. Birthplace Garrard County, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Wm. Owsley
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sally Donny
15. Birthplace Garrett County, Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Rothe
(b) Address 5351 Delmar Blvd.

17. (a) Burial (b) Date thereof 8-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Vadalla

18. (a) Signature of funeral director Alexander and Sons
(b) Address 617 5 Delmar Blvd

19. (a) AUG 16 1947 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mad
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th
year 1947 hour six minute 10 A.M.

21. I hereby certify that I attended the deceased from July 29, 1946, to August 14, 1947;
that I last saw her alive on August 13, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis from Hypertension
Duration 5 days
Due to Hypertension 2 years

Due to _____
Other conditions (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? _____

While at work? _____ (Specify type of place) (2) Means of injury _____
23. Signature John Bonser (M. D. or other) _____
Address 508 N. Grand Blvd. Date 8/14/47

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.....

Thomas P. Jewell

..... Licensed Embalmer No.

3793

P. O. Address.....

6175 Helma

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.