

FILED SEP 2 1947

Registration District No.

Primary Registration District No. **6676**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Since 7-7-47**
(Specify whether
In this community **2 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Arkansas** (b) County **Hot Springs**
(c) City or town **Hot Springs**
(If outside city or town limits, write "RURAL")
(d) Street No. **Box 146**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **GREENAN, James O'Brien**
3. (b) If veteran, game war **World 2** 3. (c) Social Security No. **429 46 9162**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **22**
year **1947** hour **9:22** minute **A.M.**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **October 5, 1921**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 7, 1947**, 19....., to **August 22, 1947** 19.....
that I last saw him alive on **August 22, 1947** 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death **Cardiac failure**

8. AGE: Years Months Days If less than one day
24 10 17 hr. min.

Due to **Rheumatic heart disease constric-
ture pericarditic, Operation for
cardiomyopathy, passive congestion
liver and spleen. Intramural throm-
bosis of his right auricle.**
(Include pregnancy within 3 months of death)

9. Birthplace **Desota, Illinois**
(City, town, or county) (State or foreign country)
10. Usual occupation **Doorman**

PHYSICIAN
Major findings:
Of operations **Passive congestion liver
and spleen.**
Of autopsy **Autopsy performed (See
Cause of Death)**

MOTHER FATHER
11. Industry or business
12. Name **James Greenan**
13. Birthplace **Mount Olive, Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Mae O'Brien**
15. Birthplace **Carbondale, Illinois**
(City, town, or county) (State or foreign country)
16. (a) Informant **Registrar, Vet. Adm. Hosp.**
(b) Address **Jefferson Barracks, Missouri**
17. (a) **Removal** (b) Date thereof **Aug 23-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hot Springs, Arkansas**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **no**
(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 **0**

18. (a) Signature of funeral director **C. Hoffmeister & Co.**
(b) Address **7814 S. Bdw. St. Louis, Mo.**
19. (a) **8-26-47** (b) **James O. Greenan**
(Date received local registrar) (Registrar's signature)

23. Signature **J. E. Sturges** (M. D.)
Address **Jeff. Brks., Mo.** Date signed **8-26-47**

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

76
0
7

6761 550W
AUG 5 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.....

..... Registered Apprentice No.

working under my personal supervision.

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 2814 S. Broadway

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.