. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35769

FILED OCT 24 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9292

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 DePaul Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) (15 hours)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town JENNINGS
(If outside city or town limits, write "RURAL")
(d) Street No. 5713 Janet Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES M. GREENE
3. (b) If veteran, name war No
3. (c) Social Security No. 488-05-4986
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARIE ESTELLE GREENE
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased MARCH (Month) 9 (Day) 1883 (Year)

8. AGE: Years 64 Months 6 Days 24 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Book Keeper
11. Industry or business
MOTHER FATHER
12. Name JAMES GREENE
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) O
14. Maiden name MARY ?
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) O
16. (a) Informant MRS. MARIE GREENE
(b) Address 5713 JANET AVE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director Mark Tennin
(b) Address 6100 W. FLORISSANT AVE.
19. (a) OCT 7 1947 (Date received local registrar) (b) J. A. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 4 year 1947 hour 6:30 minute Pm. M.
21. I hereby certify that I attended the deceased from Oct 3, 1947, to Oct 4, 1947, that I last saw him alive on Oct 4, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute coronary occlusion c infarct	24 hrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? O
While at work? (Specify type of place) (e) Means of injury
23. Signature Chas. Jost (M. D. or other) M.D.
Address 3500 N. Grand Date signed 10-6-47

Jefferson City Printing Co.
(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 Mark Tiernan

Licensed Embalmer No. 4174

P. O. Address 6100 W. Florissant

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.