

FILED JAN 19 1951

STANDARD CERTIFICATE OF DEATH

2563

State File No. \_\_\_\_\_  
Registrar's No. **109**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. Louis</b>		c. LENGTH OF STAY (In this place) <b>4 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. Louis</b>		<b>2219</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>2930, Lucas Avenue</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>West</b> b. (Middle) _____ c. (Last) <b>Greenlow</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 3 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7/19th 1885</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>16</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Cohoma, Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13a. FATHER'S NAME <b>Charlie, Greenlow</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy</b>		14. NAME OF HUSBAND OR WIFE <b>Lena Greenlow</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Robert Greenlow 2930, Lucas Avenue</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>  ANTECEDENT CAUSES DUE TO (b) <b>Chronic Nephritis</b> DUE TO (c) <b>Multiple Myeloma</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Arthritis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>  <b>203X</b>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Slip</b>			
22. I hereby certify that I attended the deceased from <b>12-5, 1950</b> , to <b>1-3, 1951</b> , that I last saw the deceased live on <b>1-3, 1951</b> , and that death occurred at <b>1:45p m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Loren W. Harris</b> (Degree or title) <b>M. D.</b>			23b. ADDRESS <b>2601 N Whittier</b>		23c. DATE SIGNED <b>1-4-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-8th-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. Louis Missouri</b>		
DATE REC'D BY LOCAL REG. <b>JAN 6 1951</b>	REGISTRAR'S SIGNATURE <b>J. B. Carter</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John H. Houston 2829, Washington Blvd</b>		

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

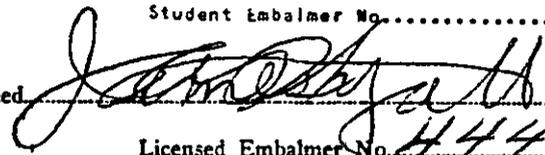
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed



Licensed Embalmer No. 4441

P. O. Address 2829 Washington

Signed.....  
Student Embalmer

**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.