

FILED MAY 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18108

State File No. 4781

BIRTH NO. 22317-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri		b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis		2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION Womer G. Phillips		d. STREET ADDRESS 25 1428 Blair			
3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) c. (Last) Greenlee			4. DATE OF DEATH (Month) (Day) (Year) 4 27 51		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH 4-26-51		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins 19 40	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Lillie Mae Greenlee	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>W. H. Sheard, R.Ph.</i>		ADDRESS 2601 N. Whittier			

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) Premature birth ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 776-X	

22. I hereby certify that I attended the deceased from 4-26-, 1951, to 4-27-, 1951 that I last saw the deceased alive on 4-27-, 1951, and that death occurred at 12-05am., from the causes and on the date stated above.

23a. SIGNATURE <i>W. H. Sheard</i>		23b. ADDRESS M. D. 2601 N. Whittier		23c. DATE SIGNED 5-2-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6 MAY 9 1951		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <i>J. B. Lasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service St. Louis 10, Mo.	
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

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.