

FILED FEB 8 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44164**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003** Registrar's No. **11703**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>4210</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LUTHERAN HOSPITAL</b>		e. CITY (If outside corporate limits, write RURAL and give township) <b>AFFTON</b>	
		d. STREET ADDRESS (If rural, give location) <b>5021 Lakewood Av</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>LENA</b>	b. (Middle) <b>JOSEPHINE</b>	c. (Last) <b>GREENLESS</b>	<b>Dec 29-51</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>Aug-12-1903</b>	9. AGE (In years last birthday) <b>48yr</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Mo. O</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>EDWARD Todd</b>	13b. MOTHER'S MAIDEN NAME <b>MAY Stevens</b>	14. NAME OF HUSBAND OR WIFE <b>DAVID Greenless</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>DAVID GREENLESS 5021 Lakewood Av</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gangrenous appendicitis</b>		<b>2 week</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO <b>Secondary 2/ Secondary</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Peritonitis - Pneumonia - acute Embolic</b>		<b>1 week</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>5501</b>

22. I hereby certify that I attended the deceased from **Dec 17, 1951**, to **Dec 29, 1951**, that I last saw the deceased alive on **12-19, 1951**, and that death occurred at **2:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. H. Hauser M.D.</b>	23b. ADDRESS <b>3701 Grandel Ave</b>	23c. DATE SIGNED <b>12/31/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>JAN-2-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. MATTHEWS</b>
		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>

DATE REG. BY <b>DEC 31 1951</b>	REGISTRAR'S SIGNATURE <b>Earl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. J. Schner 3125 Lafayette Av</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....

*Jon B. Wallmer*

Licensed Embalmer No. *4814*

P. O. Address *3125 Poplar*

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.