

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3150

State File No. _____

5. No. 300
IV. 10.48

FILED JAN 28 1953
4755

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 0147

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Imperial 0500	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Anthony's Hospital		d. STREET ADDRESS (If rural, give location) R #1	
3. NAME OF DECEASED (Type or Print) a. (First) Gary b. (Middle) Dennis c. (Last) Greenlee			4. DATE OF DEATH (Month) (Day) (Year) 1/6/53
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1/3/53
9. AGE (In years last birthday) 3da		10. KIND OF BUSINESS OR INDUSTRY Child	
10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) Child		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Gene Greenlee	
13b. MOTHER'S MAIDEN NAME Eileen Reece		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 Gene Greenlee		ADDRESS Imperial, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital defect of abdominal wall ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Complete eversion of bowel content. DUE TO (c) Complete eversion of bowel content. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 7610			
22. I hereby certify that I attended the deceased from Jan 3, 1953, to Jan 6, 1953, that I last saw the deceased alive on Jan 6, 1953, and that death occurred at 11:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE George A. O'Sullivan, M.D.		23b. ADDRESS 421 W. Schurmer	
23c. DATE SIGNED 1-7-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/8/53	
24c. NAME OF CEMETERY OR CREMATORY Pevely Cemetery		24d. LOCATION (City, town, or county) (State) Pevely, Mo.	
DATE REC'D BY LOCAL REG. JAN 7 1953		REGISTRAR'S SIGNATURE J. C. Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE K. Palitto		ADDRESS Crystal City	

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 Georg R. Plitte

Licensed Embalmer No. 3481

P. O. Address Crystal City, Mo

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.