

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8128

BIRTH NO. \_\_\_\_\_ 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 (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL		e. STREET ADDRESS (If rural, give location) 7 1663 FARLIN 20990	

3. NAME OF DECEASED (Type or Print) ALBERT	a. (First)	b. (Middle)	c. (Last) GREENEMAY	4. DATE OF DEATH SEPT. 3 1954	(Month) (Day) (Year)
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG 29 1901	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days	IF UNDER 28 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BREWERY WORKER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME GOTLIEB GREENEMAY	13b. MOTHER'S MAIDEN NAME LIZZIE SCHLAKE	14. NAME OF HUSBAND OR WIFE CATHERINE GREENEMAY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME CATHERINE GREENEMAY	ADDRESS 1663 FARLIN
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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		INTERVAL BETWEEN ONSET AND DEATH 15 MONTHS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF RECTUM WITH METASTASES		
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION JULY 25, 1953	19b. MAJOR FINDINGS OF OPERATION ADENOCARCINOMA OF RECTUM WITH METASTASES TO REGIONAL LYMPH NODES	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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? 154X

22. I hereby certify that I attended the deceased from APRIL 25, 1954, to SEPT. 3, 1954, that I last saw the deceased alive on SEPT. 2, 1954, and that death occurred at 3 A m., from the causes and on the date stated above.

23a. SIGNATURE Eugene V. Henschel, M.D.	(Degree or title)	23b. ADDRESS 506200 Hoffman Ave	23c. DATE SIGNED 9/3/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE SEPT 7 1954	24c. NAME OF CEMETERY OR CREMATORY LAKEWOOD PARK CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS Co, MISSOURI
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DATE REC'D BY LOCAL REG. SEP 3 1954	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT & CARROLL 4600 NATURAL BRIDGE
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR HENSHEL  
4100 HOFFMAN  
NOON To 4:00 FRID

**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.....  
Signature of Student Embalmer

Signed *m. w. Rueter*

Licensed Embalmer No. *486*

P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.