300
48

FILED APR 2 - 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 10790

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2299

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4444a Margaretta Av

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 4444a Margaretta Ave 2109

**3. NAME OF DECEASED** (Type or Print)
a. (First): Martha
b. (Middle): F.
c. (Last): Greene

**4. DATE OF DEATH** (Month) (Day) (Year): Mar. 4 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Apr. 23, 1864
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Pacific, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Thomas Mangan
13b. MOTHER'S MAIDEN NAME: Mary Jane Brazile
14. NAME OF HUSBAND OR WIFE: Samuel H. J. Greene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: _____
17. INFORMANT'S SIGNATURE OR NAME: Charlotte Greene — ADDRESS: 4444a Margaretta

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES — Arteriosclerosis
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arteriosclerosis — many years
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
19b. MAJOR FINDINGS OF OPERATION — 420.1
20. AUTOPSY? YES ☐ NO ☑

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. — 3-1-56
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑ — 1-4-56
21f. HOW DID INJURY OCCUR? — 3-4-56

22. *I hereby certify that I attended the deceased from* 1/4/56, 19___, *to* 3/4/56, 19___, *that I last saw the deceased alive on* 3/1/56, 19___, *and that death occurred at* 1P. m., *from the causes and on the date stated above* 3-20-56

23a. SIGNATURE: W. C. Spooneman (Degree or title) — M. C. Spooneman M.D.
23b. ADDRESS: 4339 Natural Bridge — 4339 Natural Bridge
23c. DATE SIGNED: 3/20/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-7-56
24c. NAME OF CEMETERY OR CREMATORY: Calvary
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: MAR 5 1956
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: JOHN STYGAR & SON — 5541 RIVERVIEW BLVD.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. W. Pister

Licensed Embalmer No. 39

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.