

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35568**  
Registrar's No. **8658**

FILED OCT 16 1956

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis</b> b. CITY (If outside corporate limits, write RURAL and give township OR TOWN <b>St. Louis</b> ) c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran, St. Louis, Mo</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b> c. CITY OR TOWN <b>Herculaneum</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>Long St. 8500</b>			
<b>3. NAME OF DECEASED</b> a. (First) <b>James</b> b. (Middle) <b>Oliver</b> c. (Last) <b>Greenlee</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Sept. 14, 1956</b>				
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Never Married</b>			
<b>8. DATE OF BIRTH</b> <b>Feb. 3, 1900</b>		<b>9. AGE</b> (In years last birthday) <b>56</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>11</b>			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Lead Smelterer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Lead Smelter</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Potosi, Mo.</b>			
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>		<b>13a. FATHER'S NAME</b> <b>James H. Greenlee</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Josie Ruby</b>			
<b>14. NAME OF HUSBAND OR WIFE</b> <b>None</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>			
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Josie Greenlee, Herculaneum, Mo.</b> <b>ADDRESS</b>							
<b>18. CAUSE OF DEATH</b> 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.				<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Bleeding duodenal ulcer</b> ANTECEDENT CAUSES <b>uncontrolled hemorrhage</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> *Conditions contributing to the death but not related to the disease or condition causing death.				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 week</b>  <b>1 week</b>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>S.41.0</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from 9/12, 1956, to 9/14, 1956, that I last saw the deceased alive on 9/14, 1956, and that death occurred at 9:45 P.M., from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> <i>W. E. Deem</i> (Degree or title)			<b>23b. ADDRESS</b> <b>W. 9 Herculaneum, Mo.</b>		<b>23c. DATE SIGNED</b> <b>9/17/56</b>		
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>9/18/56</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Herculaneum</b>			
<b>24d. LOCATION (City, town, or county) (State)</b> <b>Herculaneum, Mo.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Carl Smith</i> <b>ADDRESS</b> <b>W. V. Vinyard Funeral Home, Festus, Mo.</b>					
<b>DATE REC'D BY LOCAL REG.</b> <b>SEP 19 1956</b>		<b>REGISTRAR'S SIGNATURE</b> <i>Carl Smith</i>					

(Licensed Embalmer's Statement on Reverse Side)

S.E.M.A.

1937 1.6 1938

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.....  
*[Handwritten Signature]*

Licensed Embalmer No. 301

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