

FILED JAN 29 1957.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2754**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **320**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 18 Park Lane Hospital		e. STREET ADDRESS (If rural, give location) 2167 5319 Theodosia Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) J. c. (Last) Greiner		4. DATE OF DEATH (Month) (Day) (Year) 1 9 57	
5. SEX 0 Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 24, 1879	
9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR Months Days 11. IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Decorator		10b. KIND OF BUSINESS OR INDUSTRY City of St. L.	
11. BIRTHPLACE (City and State or Foreign Country) 0 St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Alice M. Greiner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 704-12-6983A	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Casamento		ADDRESS 7146 Dawson	
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) Pulmonary Infarction ANTECEDENT CAUSES DUE TO (b) Myocardial failure DUE TO (c) Arteriosclerosis generalized II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 447x.	
20. AUTOPSY? 2 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-26 , 19 56 , to 1-9 , 1957 , that I last saw the deceased alive on 1-9 , 19 57 , and that death occurred at 9:00 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Henry J. Rosenberg M.D.		23b. ADDRESS 1467 North Union, St. Louis Mo	
23c. DATE SIGNED 1-10-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1/12/57	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. JAN 11 57		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral		ADDRESS 1905 Union	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. H. E. Rosenberg
1467 Union
Fo. 1-5544

Hrs. Until 6 Thurs.
No hrs. Friday

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..... *Albert R. Thompson*

Licensed Embalmer No. *423*

P. O. Address *H. J. ...*

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.