pt. Health,
c., & Welfare
S. Public
lth Service

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FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 42022

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10736

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY StLouis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Lemay 4860 — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Firim Desloge Hosp — Length of stay in 1b 3 Days	d. STREET ADDRESS (If outside, give location) 4019 Birchwood — Reside on Farm Yes ☐ No ☐

11 27

3. NAME OF DECEASED (Type or print)	First Flora	Middle Ann	Last Greenwood	4. DATE OF DEATH	Month Nov Day 9 Year 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Oct 12 1884	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 0 Days 28 — 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 Home	11. BIRTHPLACE (City and state or country) Peery Co., Mo.	12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Emil Risley	13b. MOTHER'S MAIDEN NAME Margaret Schmidt	14. NAME OF HUSBAND ~~OR WIFE~~ John W Greenwood			
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. None	17. INFORMANT Mr John Greenwood	Address 4019 Birchwood Ave Lemay 23, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: Myocardial infarction-pul. edema

IMMEDIATE CAUSE (a) Myocardial INFARCTION - Pul edema

perforation, gastric ulcer

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Perforation GASTRIC ulcer

Diabetes Mellitus- Flu

DUE TO (c) DIABETES Mellitus - FLU

INTERVAL BETWEEN ONSET AND DEATH: 2 days 2 da; unk unknown; 2 da 2 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-14-56 to 11-9-57 and last saw her/him alive on 11-9-57

Death occurred at 1:30 P.M. 1:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jas. F. Sullivan M.D. James F Sullivan MD

22b. ADDRESS 2314 Telegraph Rd. Lemay Mo. 2314 Telegraph Rd Lemay 23 Mo

22c. DATE SIGNED 11-11 11-11-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 12 1957	23c. NAME OF CEMETERY OR CREMATORY Mt Olive Cem.	23d. LOCATION (City, town, or county) (State) Lemay Mo.
24. FUNERAL DIRECTOR Fey Funeral Home, Mehlville Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. NOV 12 57	26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. M. J.B.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Queried - Diabetes underlying Cause

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 ..... Signed J W M Binkley

(Signature of Student Embalmer)

Licensed Embalmer No. 3653

P. O. Address St Louise Me

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.