

FILED DEC 20 1957

STANDARD CERTIFICATE OF DEATH

45859  
 STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11931**

V. S. 300  
 Rev. 1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>38 Enroute City Hospital DOA</b>		Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>5707 McPherson</b>	
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Edward</b> Last <b>Greener</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>6,</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 6, 1896</b>		9. AGE (In years last birthday) <b>61</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>U.S. Government Internal</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Revenue Dept.</b>		11. BIRTHPLACE (City and state or country) <b>Cincinnati, Ohio</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Charles H. Greener</b>		13b. MOTHER'S MAIDEN NAME <b>Jennie Holthausen</b>	
14. NAME OF HUSBAND OR WIFE <b>Nil.</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No. Nil.</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Alma Timmermann, 1123 Paloma Dr. Arcadia, Cal.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Subdural Hemorrhage</b> Fracture of the Skull; Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) PART II. OTHER SIGNIFICANT CONDITION <b>Seizured when standing, lost operated by one Larry De Balisire and Kingsbury about 700 p.m., December 6 1957.</b>		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>As above</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20c. TIME OF INJURY <b>700 p.m. 12 6 57</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>12 Street</b>		20e. CITY, TOWN, OR LOCATION <b>St Louis Mo.</b>	
20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. I attended the deceased from <b>715 P.M.</b> to <b>715 P.M.</b> and last saw her alive on <b>715 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>12-12-57</b>	
22a. SIGNATURE <b>James M. Kelly</b>		22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>12-13-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn Cemetery</b>	
23d. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>		24. FUNERAL DIRECTOR <b>Albert H. Hoppe 4700 Washington, Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>DEC 12 57</b>	
25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b> <i>m 88.</i>			

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

MEDICAL CERTIFICATION

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 Melvin L Kemper

Licensed Embalmer No. 4052  
P.O. Address Washington  
St. Louis 20 Mo

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.