

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-044513

FILED **VS** NOV 28 1960

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3301 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Clayton 5,		Length of stay in 1b DOA	c. CITY OR TOWN Kirkwood
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 464 Quan Ave.
3. NAME OF DECEASED (Type or print) First MONTE Middle LEE Last GREENE		4. DATE OF DEATH Month Nov. Day 10, Year 1960	

5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-21-1895	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Supervisor	10b. KIND OF BUSINESS OR INDUSTRY Amer. Tele & Tele-Graph	11. BIRTHPLACE (City and state or country) Omaha, Nebr.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Milton Greene	13b. MOTHER'S MAIDEN NAME Clara Miller	14. NAME OF HUSBAND OR WIFE Hazel Greene
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW*1 - NAVY	16. SOCIAL SECURITY NO. WW*1 - NAVY	17. INFORMANT Kirkwood 22, Missouri Hazel Greene-464 Quan Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Severe traumatic crush injury of the chest and hemothorax	
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) Operator of car involved in collision with 2 motor vehicles
20c. TIME OF INJURY 5:50 ^{Hour} XX ^{Month, Day, Year} 11/10/60 _{p.m.}		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway	20f. CITY, TOWN, OR LOCATION St. Louis	COUNTY Missouri	STATE
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Raymond L. Harris</i> (Degree or title) Coroner	22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 11/17/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-15-1960	23c. NAME OF CEMETERY OR CREMATORY National Cem.	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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24. FUNERAL DIRECTOR Pfizinger Mort-Kirkwood 22, Mo.	25. DATE RECD. BY LOCAL REG. 11-14-60	26. REGISTRAR'S SIGNATURE <i>John C. Murphy</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. 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.