

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9761** STATE FILE NUMBER **-61-038625**

|  |  |  |  |   |  |   |  |   |  |
|--|--|--|--|---|--|---|--|---|--|
| AMENDED  |  | FILED NOV 8 1961   |  | 1003  |  | 9761  |  | -61-038625  |  |
| 1. PLACE OF DEATH  |  | 2. USUAL RESIDENCE   |  | 3. NAME OF DECEASED   |  | 4. DATE OF DEATH  |  | 5. SEX  |  |
| a. COUNTY  |  | a. STATE Missouri b. COUNTY St. Louis  |  | First Middle Last<br>WILLIAM F. GREENWALD   |  | Month Day Year<br>October 21, 1961  |  | male  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis                                   |  | Length of stay in 1b<br>3 weeks  |  | c. CITY OR TOWN Kirkwood  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | 6. COLOR OR RACE<br>White   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Lutheran Conv. Home               |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                     |  | d. STREET ADDRESS<br>510 S. Filmore   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>   |  |
| 8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>during construction |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Contr. Co.  |  | 11. BIRTHPLACE (City and state or country)<br>St. Louis, Mo.                                      |  | 12. CITIZEN OF WHAT COUNTRY<br>USA  |  | 9. AGE (last birthday)<br>70  |  |
| 13a. FATHER'S NAME<br>H. Greenwald   |  | 13b. MOTHER'S MAIDEN NAME<br>Mathilda Meyers   |  | 14. NAME OF HUSBAND OR WIFE<br>Bertha C. Greenwald  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No                 |  | 16. SOCIAL SECURITY NO.<br>None   |  |
| 17. INFORMANT<br>Wm. Greenwald-W. Watson Rd.   |  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  | 20a. ACCIDENT <input 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.)  |  |
| IMMEDIATE CAUSE (a) <i>Generalized Arteriosclerosis</i>  |  | DUE TO (b) <i>Chronic Myocarditis</i>  |  | DUE TO (c) <i>422.1</i>   |  | 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.  |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)          |  | 20f. CITY, TOWN, OR LOCATION<br>County STATE  |  | 21. I attended the deceased from <i>Oct 15/61</i> to <i>October 21/61</i> and last saw him alive on <i>Oct 21/61</i><br>Death occurred at <i>5:35 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated. |  |
| 22a. SIGNATURE<br><i>W. J. ...</i>   |  | 22b. ADDRESS<br><i>4724 S. ...</i>   |  | 22c. DATE SIGNED<br><i>10/23/61</i>   |  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal  |  | 23b. DATE<br>10-24-1961   |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br>Sunset Burial Park   |  | 23d. LOCATION (City, town, or county)<br>Affton 23, Missouri   |  | 24. FUNERAL DIRECTOR<br>Pfitzinger Mort-Kirkwood 22, Mo.  |  | 25. DATE RECD. BY LOCAL REG.<br>OCT 23 1961   |  | 26. REGISTRAR'S SIGNATURE<br><i>Loal Smith</i>  |  |

DATE AMENDED

INSTEAD OF DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 Herbert J. Law Jr.

Licensed Embalmer No. 4800

P. O. Address Highway 22 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.