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K29199

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9387**

1. PLACE OF DEATH:

(a) County **FILED DEC 11 1940**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
De Soto Hotel 11th & Locust Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no**
(Specify whether **2**)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **25**
(If outside city or town limits, write "RURAL")
(d) Street No. **De Soto Hotel, 11th & Locust st**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Margaret Greathouse**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. **female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **James Greathouse** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 31 1861**
(Month) (Day) (Year)

8. AGE: Years **79** Months **3** Days **13** If less than one day hr. min.

9. Birthplace **Mcsbury Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home** **7**

11. Industry or business **at home** **7**

MOTHER FATHER { 12. Name **Adam Bushong** **9**

13. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **O.P. Greathouse**

(b) Address **De Soto Hotel 11 & Locust st**

17. (a) **burial** (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Birmingham, Alabama**

18. (a) Signature of funeral director _____

(b) Address **2707 N. Grand Blv'd**

19. (a) **NOV 15 1940** (b) **J. B. Bredbeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **14**
year **1940** hour **4** minute **15** M.

21. I hereby certify that I attended the deceased from **4/14/40**
10 to **11/14/40**, 19____;
that I last saw her alive on **11/14/40**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** **2 years.**
Due to **General Arterio-Sclerosis** **2 years.**

Due to **Ch. Hypertrophic Arteriosclerosis** **Several years.**

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy **None**
PHYSICIAN **[Signature]**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature **Lloyd D. Smith** (M. D. or other) _____
Address **468 N. Taylor Ave.** Date signed **11/15/40**

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

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Paul F. Snellenberg

Licensed Embalmer No. *2631*

P. O. Address.....

2707 N. Grand

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 this body is not embalmed, fact should be so stated above.