. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 794

Registration District No. 791 — JAN FEB 25 1941

Primary Registration District No. 1003

Registrar's No. 794

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 729 N. Union Blv'd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000

(c) City or town St. Louis. 1217
(If outside city or town limits, write "RURAL")

(d) Street No. #729 No. Union Blv'd. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CHARLES HY. GREENE, Jr.,

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Male.

5. Color or race White.

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Beatrice B. Greene.

6. (c) Age of husband or wife if alive 69. years

7. Birth date of deceased March (Month) 4th, (Day) 1865. (Year)

8. AGE: Years 75. Months 10. Days 20. If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Retired.

11. Industry or business Real Estate Broker.

FATHER
12. Name Charles H. Greene.
13. Birthplace Pittsfield, (City, town, or county) New Hampshire. (State or foreign country)

MOTHER
14. Maiden name Cordelia Hayt.
15. Birthplace Helseyville, (City, town, or county) New York. (State or foreign country)

16. (a) Informant Mrs L. F. Lumaghi.
(b) Address #30 Winderemere Place.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 1/25/41. (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.,

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address #7233 Delmar Blv'd.

19. (a) JAN 24 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan'y day 24th, year 1941. hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 20, 1941, to Jan 24, 1941; that I last saw him alive on Jan 23, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexy (Jan 20/41)	5 days
Due to arteria-sclerosis	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no	

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature F R Fenning (M. D. or other)
Address Humboldt Bld Date signed Jan 24/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Frank Finnegan
Humboldt Bldg.
FR-65-85
1-3 P.M.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis 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 this body is not embalmed, above space should be left blank.