

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26880
Registrar's No. 6672

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(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 Saint Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1416 Bredell Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME James Greig
3. (b) If veteran, name war No.
3. (c) Social Security No. 2488-61-9777

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 14th
1941 year hour 2 minute 10 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Berenice Fletcher
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased 1885-5-28
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 2 Days 16
If less than one day _____ hr. _____ min.

Immediate cause of death Pulmonary Embolism following thrombosis of left femoral vein while on trip to St. Louis which he was on Highway #61 about 8:05 P.M. July 29, 1941 near Kansas
Other conditions None
(Include pregnancy within 3 months of death)

9. Birthplace Braceville, Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Salesman
11. Industry or business United Artists Corporation

Major findings or operations None
PHYSICIAN None
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name James Greig
13. Birthplace Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Annie McGetchie
15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James Greig
(b) Address 1416 Bredell Avenue
17. (a) burial (b) Date thereof 8-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Open Vein
(b) Date of occurrence July 29 1941
(c) Where did injury occur? Reston Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane
19. (a) AUG 15 1941 (b) J. J. Gredick
(Date received local registrar) (Registrar's signature)

While at work? no (Specify type of place)
(e) Means of injury Auto
23. Signature Thomas F. Callahan (M. D. or other)
Address Deputy Coroner Date signed 8/15/41

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 Robert L. [Signature]

Licensed Embalmer No. 1994

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, fact should be so stated above.