

FILED APR 2 1949

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>6253</u>			
1. PLACE OF DEATH a. COUNTY <u>ST. LOUISIS COUNTY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO.</u> b. COUNTY <u>ST. LOUISIS</u>					
b. CITY OR TOWN <u>VALLEY PARK</u>		c. LENGTH OF STAY (In this place) <u>5 YRS.</u>		c. CITY OR TOWN <u>VALLEY PARK</u>		16			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>27 MARSHALL AVE.</u>				d. STREET ADDRESS (If rural, give location) <u>27 MARSHALL</u>					
3. NAME OF DECEASED (Type or Print) <u>SARAH GREENWALL</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>MAR. 14, 1949</u>		(Month)		(Day)		(Year)			
5. SEX <u>FEM</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APR. 12, 1893</u>			
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>2</u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>TENNESSEE</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>JOHN BROWN</u>		13b. MOTHER'S MAIDEN NAME <u>EVANGELINE</u>			
14. NAME OF HUSBAND OR WIFE <u>JOHN GREENWALL</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME <u>ST. LOUIS CO. HOSP., CLAYTON, MO.</u>				ADDRESS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture of blood vessel</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Lympho-epithelioma of nasopharynx. 146 x</u>				14 months	
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>7/12/48</u>		19b. MAJOR FINDINGS OF OPERATION <u>Biopsy - St. Louis County Hosp 7/12/48</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>2-9-</u> 19 <u>49</u> , to <u>3-4-</u> 19 <u>49</u> , that I last saw the deceased alive on <u>2-4-</u> 19 <u>49</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Lucretia H. White, M.D.</u>				23b. ADDRESS <u>6015 S. BRENTWOOD, CLAYTON, MO.</u>		23c. DATE SIGNED <u>3-14-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/14/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Williamsville, Mo</u>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <u>3-15-49</u>		REGISTRAR'S SIGNATURE <u>Thurid W. Lunge</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Meyer - Pletzinger</u>					
				ADDRESS <u>Kirkwood, Mo</u>					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—16

MAY 3 1948

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
Student Embalmer

Signed *John M. Freyer*
Licensed Embalmer No. *3788*

P. O. Address *Kirkwood*

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.