

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21084  
3557

318

1003

BIRTH NO.		REG. DIST. NO.	PRIMARY REG. DIST. NO.	Registrar's No.	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY OR TOWN St. Louis		a. STATE Mo.	b. COUNTY		
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION # 19 Windemere Place		d. STREET ADDRESS (If rural, give location) # 19 Windemere Place			
3. NAME OF DECEASED (Type or Print) Nelson Greene			4. DATE OF DEATH (Month) (Day) (Year) June 19, 1949		
5. SEX M. / W.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M. /	8. DATE OF BIRTH Aug. 19, 1896	9. AGE (In years last birthday) (Specify) 52	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) V. Pres. & Sales Mgr. Watlow Elec. Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Arthur D. Greene			
13b. MOTHER'S MAIDEN NAME Nellie Rud		14. NAME OF HUSBAND OR WIFE Ruth Greene			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) yes World # 1		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruth Greene, # 19 Windemere Pl.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of kidney</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Melastases to ribs &amp; vertebrae</u>			INTERVAL BETWEEN ONSET AND DEATH 3 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) Holt, MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 180 ft	
22. I hereby certify that I attended the deceased from <u>Nov</u> , 19 <u>48</u> , to <u>June 19, 1949</u> , that I last saw the deceased alive on <u>June 17, 1949</u> , and that death occurred at <u>7:45 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Ralph Russell M.D.</u>		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 6/20/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 22, 1949	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JUN 21 1949		REGISTRAR'S SIGNATURE J. B. Bassett		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur J. Donnelly 3840 Lindell Blvd.	

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

27-5-19

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 \_\_\_\_\_

*Thomas P. Fenwick*

Licensed Embalmer No. \_\_\_\_\_

*3793*

P. O. Address \_\_\_\_\_

*3840 Lindell*

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.