

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21086**
Registrar's No. **5382**

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3216 N. 23rd. St.		3216 N. 23rd. St.	

3. NAME OF DECEASED (Type or Print) Maud Greenlee			4. DATE OF DEATH (Month) (Day) (Year) 6. 21 49		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH June 12 1872		9. AGE (in years last birthday) 77		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME William Straley		13b. MOTHER'S MAIDEN NAME Cammie Goodman	
13c. NAME OF HUSBAND OR WIFE late James J. Greenlee		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		14. SOCIAL SECURITY NO. none	
15. INFORMANT'S SIGNATURE OR NAME Gertrude Richardson		15. ADDRESS 3216 N. 23rd St		16. CAUSE OF DEATH	

17. 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, asthma, etc. *It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) not known - Cross Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 10 MIN.	
ANTECEDENT CAUSES		DUE TO (b) Atherosclerosis			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Senility			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		not known etc. for Typhoid Fever	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 99	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4:30 PM	

22. I hereby certify that I attended the deceased from June 21, 1949 to June 21, 1949, that I last saw the deceased alive on June 21, 1949, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE Walter H. ...		23b. ADDRESS 4007 W. Florissant		23c. DATE SIGNED 21 June 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-23-1949		24c. NAME OF CEMETERY OR CREMATORY Lee's Summit Mo.	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR'S SIGNATURE Hy. Leidner		24f. ADDRESS U. 2223 St. Louis Ave.	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE Hy. Leidner		ADDRESS U. 2223 St. Louis Ave.	
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WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clement McQuay

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.