

FILED JUN 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18995

State File No.

4000

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2394

1. PLACE OF DEATH a. COUNTY <u>St. Louis 23,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lemay</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Collinsville, Illinois. #120</u>	
c. LENGTH OF STAY (If in this place) <u>14 days</u>		d. STREET ADDRESS (If rural, give location) <u>508 Western Avenue</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Box 400 Hawkins Road</u>			
3. NAME OF DECEASED a. (First) <u>ANNA</u> (Type or Print)		b. (Middle) <u>GREAVES</u>	
		c. (Last)	
		4. DATE OF DEATH (Month) (Day) (Year) <u>June 11 1951</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 31 1877</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housework</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Henry Wolf</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Dickhaut</u>	14. NAME OF HUSBAND OR WIFE <u>Walter Greaves</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jessie Greaves Collinsville, Illinois.</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of left breast</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>Two weeks</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Two years</u>	
19a. DATE OF OPERATION <u>May 1949</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cervical Cancer</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) <u>170X</u>	
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?	
22. I hereby certify that I attended the deceased from <u>May 1949</u> , to <u>June 11</u> , 1951, that I last saw the deceased alive on <u>June 10</u> , 1951, and that death occurred at <u>6:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>P.H. Greaves, M.D.</u>		23b. ADDRESS <u>Collinsville, Illinois.</u>	23c. DATE SIGNED <u>6/11/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 14 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Collinsville, Illinois.</u>	24d. LOCATION (City, town, or county) (State) <u>Collinsville, Madison County,</u>
DATE REC'D BY LOCAL REG. <u>6-11-51</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Lomb...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Collinsville, Illinois.</u>	

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 *Vincent A. H.*
Student Embalmer No. _____

Licensed Embalmer No. *1142*

P. O. Address *Stinsonville*

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.