

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24648**

318

1003

Registrar's No. **5801**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5801	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston		4291	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) 6623 Page Blv'd.,			
3. NAME OF DECEASED (Type or Print) FLOSSIE		a. (First)		b. (Middle) ANN		c. (Last) GREENBURY	
4. DATE OF DEATH (Month) (Day) (Year) 6-26-51		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	
8. DATE OF BIRTH Jan. 21, 1896.		9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months 5 Days 5		IF UNDER 2 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Marion, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Oliver M. Bailey		13b. MOTHER'S MAIDEN NAME Rosa Dunlop		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Ed. Koeneman-7306a Tulane Avenue			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Tuberculosis of kidneys rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 weeks ?	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) _____		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? 016X					
22. I hereby certify that I attended the deceased from 6-18 , 19 51 , to 6-26 , 19 51 , that I last saw the deceased alive on 6-26 , 19 51 , and that death occurred at 10 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE M. Norman Orzel (Degree or title) M.D.				23b. ADDRESS 508 North Grand		23c. DATE SIGNED 6/28/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 6-28-51		24c. NAME OF CEMETERY OR CREMATORY Garrette Cemetery		24d. LOCATION (City, town, or county) (State) Garrette, Indiana	
DATE REC'D BY LOCAL REG. JUN 28 1951		REGISTRAR'S SIGNATURE J. B. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons- 7233 Delmar Blv'd.,			

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

OCT 10 1951

Dr. Norman Orgel,
508 North Grand Bl'vd.,
IU-2400 1-6 P.M.

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: *Melvin L. Kemper*.....

Licensed Embalmer No. *4052*.....

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.