

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31507
8312

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i> 2269	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>26 2105 N. 13th St</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>CITY HOSPITAL #1</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>NORA</i> b. (Middle) c. (Last) <i>GREENE</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 18 1951</i>
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5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED 2</i>	8. DATE OF BIRTH <i>Aug 2, 1880</i>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <i>71</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <i>House WORK</i>	11. BIRTHPLACE (State or foreign country) <i>W.V. I</i>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <i>MICHAEL SOYAK</i>	13b. MOTHER'S MAIDEN NAME <i>JANE U.K.</i>	14. NAME OF HUSBAND OR WIFE <i>JOHN J. GREENE</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>U.S.A.</i>	16. SOCIAL SECURITY NO. <i>114</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mr. Refide</i>	ADDRESS <i>2331 Midway Pl.</i>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<i>Pulmonary Congestion</i> <i>Embolic of Liver</i>	
DUE TO (b)			
DUE TO (c)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>5810</i>
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22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 1130A m., from the causes and on the date stated above.

22. SIGNATURE (Degree or title) <i>Patrick E. Taylor Coroner 3</i>	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>9 20 51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24b. DATE <i>Sept 21 51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>NATIONAL CEMETERY</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Co Mo</i>
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DATE REC'D BY LOCAL <i>SEP 20 1951</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Cydney Kelly</i>	ADDRESS <i>4086 Lincoln</i>
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2983 (Licensed Embalmer's Statement on Reverse Side)

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.....

Students of Mostuary College

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

James A. Lemmers

Licensed Embalmer No. *4142*.....

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.