

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6424**  
REGISTRAR'S No. **1449**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  c. LENGTH OF STAY (in this place) <b>1 mo.</b>  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2119</b>  d. STREET ADDRESS (If rural, give location) <b>4349a Maffitt Ave.</b>	
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<b>3. NAME OF DECEASED</b> a. (First) <b>George</b> b. (Middle) _____ c. (Last) <b>Greenlee</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Feb. 12, 1952</b>			
<b>5. SEX</b> Male <input checked="" type="checkbox"/> Female _____	<b>6. COLOR OR RACE</b> Negro	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) Single <input checked="" type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>Feb. 2, 1884</b>			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>None</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Quincy, La.</b>		
<b>13a. FATHER'S NAME</b> <b>Unknown</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Aline Greenlee</b>	

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Johnny B. Scott</b> ADDRESS <b>14349 Maffitt</b>			
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Cerebral Thrombosis</b>  <b>ANTECEDENT CAUSES</b> DUE TO (b) <b>Hypertensive Heart Disease</b> DUE TO (c) <b>Undetermined</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>15 days</b>  <b>Undet.</b>	
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\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

Conditions contributing to the death but not related to the disease or condition causing death.

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>			

**22. I hereby certify that I attended the deceased from** 1-28 1952, **to** 2-12, 1952, **that I last saw the deceased alive on** 2-12, 1952, **and that death occurred at** 7:05pm., **from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Francis W. Harves</i> (Degree or title) <b>M. D.</b>		<b>23b. ADDRESS</b> <b>2601 N Whittier St</b>		<b>23c. DATE SIGNED</b> <b>2-15-52</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>removal</b>	<b>24b. DATE</b> <b>2-16-52</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>West Memphis, Arkansas</b>	<b>24d. LOCATION</b> (City, town, or county) (State)	

<b>DATE REC'D BY LOCAL REG.</b> <b>FEB 15 1952</b>	<b>REGISTRAR'S SIGNATURE</b> <i>J. Carl Smith</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>ADDRESS</b> <i>Metropolitan Funeral Home Inc.</i> <b>5010 Emigville</b>		
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(Licensed Embalmer's Statement on Reverse Side)

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Paul V. Freeman*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

*4686*

P. O. Address.....

*4585 Aldine*

**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.