

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22062**  
REGISTRAR'S No. **5902**

FILED JUL 9 1952

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>Greene</u>				
b. CITY OR TOWN <u>ST. Louis</u>		c. LENGTH OF STAY (in this place) <u>14 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD ILL 8120</u>		d. STREET ADDRESS (If rural, give location) <u>1737 W. JEFFERSON</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Louis CHILDRENS HOSP.</u>								
3. NAME OF DECEASED a. (First) <u>DAVID</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>GREIG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 23 52</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>11-6-60</u>		
9. AGE (In years last birthday) <u>1 7</u>		IF UNDER 1 YEAR Months Days		IF UNDER 14 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>SPRINGFIELD ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>EDWARD PAUL GREIG</u>			13b. MOTHER'S MAIDEN NAME <u>ELSIE BURNS</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>P. A. Noeman</u> ADDRESS <u>500 S. Kingshighway</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>Life</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS (PREMONITORY SYMPTOMS) Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Valvular Pulmonary Stenosis, Cardiac arrest during operation</u>					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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>75.44</u>				
22. I hereby certify that I attended the deceased from <u>6-9-1952</u> to <u>6-23-1952</u> , that I last saw the deceased alive on <u>6-23-1952</u> , and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Wm. Klingberg MD</u> (Degree or title)				23b. ADDRESS <u>St. Louis Childrens</u>		23c. DATE SIGNED <u>6-24-52</u>		
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>6-23-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Springfield, Ill.</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>JUN 24 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> ADDRESS <u>4700 Washington Blvd.</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

*M. W. Ruster*

Licensed Embalmer No. 4865

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.