

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **33299**  
Registrar's No. **8422**

FILED SEP 24 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>16 3428 Michigan Ave</b>	

3. NAME OF DECEASED (Type or Print) <b>Elizabeth Greenmay</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8-29-1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>7-5-1866</b>		9. AGE (In years last birthday) <b>87</b>		10. IF UNDER 1 YEAR Months Days <b>87</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>William Schlake</b>		13b. MOTHER'S MAIDEN NAME <b>Clara Richter</b>		14. NAME OF HUSBAND OR WIFE	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Arthur Breckman 3428 Michigan Ave</b>	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PULMONARY EDEMA</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 DAYS</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>HEART DISEASE, ARTERIOSCLEROTIC AND HYPERTENSIVE</b>			?	
		DUE TO (c) <b>ARTERIOSCLEROSIS AND HYPERTENSION</b>			?	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>INTESTINAL OBSTRUCTION, INCOMPLETE</b>			<b>24 HRS</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>42010</b>	
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 **11/29**, 19**49**, to **8/29**, 19**53**, that I last saw the deceased alive on **8/28**, 19**53**, and that death occurred at **5:55 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Eugene V. Hruschel, M.D.</b>		23b. ADDRESS <b>6200 Hoffman Ave</b>		23c. DATE SIGNED <b>8/29/53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9-1-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lakewood Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>7801 Genesta Ave Mo</b>	
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DATE REC'D BY LOCAL REG. <b>AUG 31 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>M. J. Biggenheim 6409 Gravois Ave</b>	
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(Licensed Embalmer's Statement on Reverse Side)

ST 8334 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

*Law M. Simon*

Licensed Embalmer No.

*4343*

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.