

## STANDARD CERTIFICATE OF DEATH

6236  
State File No. ....  
Registral's No. .... 0970

BIRTH NO. FILED MAR 5 1954 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 Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights 475	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Luthern Hospital		d. STREET ADDRESS (If rural, give location) 7700 Lovella Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Frank c. (Last) Greenway			4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2/15/1883
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	11. BIRTHPLACE (State or foreign country) Eldon, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY McDonnell Air.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME ? Greenway		13b. MOTHER'S MAIDEN NAME ? Hoover	14. NAME OF HUSBAND OR WIFE Ida Ruth Watermeier
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. 495-22-0085	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jas. F. Greenway, Jr. 8133 Gard-
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure, congestive + anginal etc. myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerotic condition</u> <u>Vascular disease</u> DUE TO (c) <u>Diabetes</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 type="checkbox"/>	21f. HOW DID INJURY OCCUR? 260X
22. I hereby certify that I attended the deceased from <u>June 19 53</u> , to <u>Jan. 29, 19 54</u> , that I last saw the deceased alive on <u>Jan. 29, 19 54</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Herbert M. D.</u>		23b. ADDRESS 3532 Gravois Rd.	23c. DATE SIGNED 1/30/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/1/54	24c. NAME OF CEMETERY OR CREMATORY St. Paul's Churchyard
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Rd.	
DATE REC'D BY LOCAL REG. FEB 1 1954		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> mxb	

(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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Ernest W. Spillard*

Signed.....

Student Embalmer

Licensed Embalmer No. 4080

P. O. Address.....

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.