

No. 300
10.48

FILED JAN 6 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42114**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11499**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS, MISSOURI** c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSPITAL #1.** e. STREET ADDRESS (If rural, give location) **2240 27 2009a Pestalozzi**

3. NAME OF DECEASED (Type or Print) a. (First) **STANLEY** b. (Middle) **J.** c. (Last) **GREIG** 4. DATE OF DEATH (Month) (Day) (Year) **DECEMBER 29, 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **April 21, 1886** 9. AGE (In years last birthday) Months Days IF UNDER 1 YEAR IF UNDER 14 HRS. **7 69** Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired** 10b. KIND OF BUSINESS OR INDUSTRY **Painter** 11. BIRTHPLACE (City and State or Foreign Country) **New Orleans, La.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **James Greig** 13b. MOTHER'S MAIDEN NAME **Eliza Dawson** 14. NAME OF HUSBAND OR WIFE **Hildegarde**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **none** 16. SOCIAL SECURITY NO. **489-09-5157** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Hildegarde Greig 2009a Pestalozzi**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Posterior Perforating Duodenal Ulcer**
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **Ulcer**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **541.1** 20. AUTOPSY? YES NO

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) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **12-14**, 19**55**, to **12-29**, 19**55**, that I last saw the deceased alive on **12-29**, 19**55**, and that death occurred at **2:05 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Edgar B. Decker MD** 23b. ADDRESS **1515 LAFAYETTE AVE** 23c. DATE SIGNED **12-30-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 24b. DATE **1-2-56** 24c. NAME OF CEMETERY OR CREMATORY **Lakewood Park** 24d. LOCATION (City, town, or county) (State) **St. Louis Co., Mo.**

DATE REC'D BY LOCAL REG. **DEC 30 1955** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Witt Bros. L&U Co. 2929 S. Jefferson Ave.**

(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 Veal Morris, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... Harold C. With.....

Licensed Embalmer No. 435

P. O. Address 2929 So.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.