THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10791

FILED MAR 26 1956

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2517

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 10 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DePaul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Pinelawn 4151
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 3922 Philbrook Str

3. NAME OF DECEASED (Type or Print)
a. (First): RALPH
b. (Middle): KENNETH
c. (Last): GREENE

4. DATE OF DEATH (Month) (Day) (Year): Mar. 9. 1856

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 26.1894
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Linetype Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Printing
11. BIRTHPLACE (City and State or Foreign Country): Seatle Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Harry Greene
13b. MOTHER'S MAIDEN NAME: Jessica Sutherland
14. NAME OF HUSBAND OR WIFE: Irene Greene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. #1
16. SOCIAL SECURITY NO.: 489-01-1642
17. INFORMANT'S SIGNATURE OR NAME: Irene Greene — ADDRESS: 3922 Philbrook Str

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) Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

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 *Conditions contributing to the death but not related to the disease or condition causing death.* Coronary Heart Disease — 18 mos.

19a. DATE OF OPERATION: 3·8·56
19b. MAJOR FINDINGS OF OPERATION: Cancer of Colon 153X
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: none
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: none

22. *I hereby certify that I attended the deceased from* 1·20, 1956, *to* 3·9, 1956, *that I last saw the deceased alive on* 3·9, 1956 *and that death occurred at* 6:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. Staehle MD
23b. ADDRESS: 7124 Natural Bridge
23c. DATE SIGNED: 3·10·56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/13/56
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: MAR 10 1956
REGISTRAR'S SIGNATURE: Karl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Stock Mortuary — ADDRESS: 2117 E. Grand.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. M. E. Staehle
7124 Natural Bridge Ave.
Ev. 3-7117

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Paul A. Wach

Licensed Embalmer No. 47

P. O. Address S. Hour

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.