

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

State File No. **36637**

FILED NOV 7 - 1956

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **500** Registrar's No. **2455**

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY OR TOWN Mehlville c. LENGTH OF STAY (in this place) 2 months d. FULL NAME OF HOSPITAL OR INSTITUTION Hawkins Road		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison c. CITY OR TOWN Collinsville d. STREET ADDRESS 8128 508 Western	
--	--	---	--

3. NAME OF DECEASED (Type or Print) Walter Greaves a. (First) Walter b. (Middle) _____ c. (Last) Greaves			4. DATE OF DEATH (Month) (Day) (Year) October 17, 1956				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH October 12, 1867	9. AGE (In years last birthday) 89	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining engineer	11. BIRTHPLACE (State or foreign country) Pye Hill, England	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Robert Greaves	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Anne Wolf Greaves
--	--	--

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. 351 16 7223	17. INFORMANT'S SIGNATURE OR NAME Bruce Greaves
--	--	--

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) Acute Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Cardio-vascular disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		(INTERVAL BETWEEN ONSET AND DEATH) 1 1/2 hr. paralysis
--	---	--	--

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., 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) m.	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 July 5, 1956, to Sep. 17, 1956, that I last saw the deceased alive on Oct-17, 1956, and that death occurred at 4 P. M., from the causes and on the date stated above.

23a. SIGNATURE Lucius S. Greelies M.D.	23b. ADDRESS 757 Lenox Ferry Rd	23c. DATE SIGNED 10-18-56
---	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) cremation	24b. DATE October 19, 1956	24c. NAME OF CEMETERY OR CREMATORY. Valhalla Greematory	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
--	---	--	--

DATE REC'D BY LOCAL REG. 10-19-56	REGISTRAR'S SIGNATURE Herbert B. Domb	25. FUNERAL DIRECTOR'S SIGNATURE Bruce Greaves - Collinsville, Mo
--	--	--

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.

Signed *Waise King*.....

Licensed Embalmer No. 3577.....

Signed.....
Student Embalmer

P. O. Address Collinsville, Illinois.....

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.