

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042826

STATE FILE NUMBER

FILED NOV 18 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2924

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Eureka</u>		c. CITY OR TOWN <u>Eureka</u> <u>4000</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>CLAYTON</u> Last <u>GREENSTREET</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>11</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 19 1877</u>
9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Month <u>7</u> Days <u>22</u> Hours <u></u> Min. <u></u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>
10a. KIND OF BUSINESS OR INDUSTRY <u>Grocer &amp; Meat</u>		11. BIRTHPLACE (City and state or country) <u>Campbrlton Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. FATHER'S NAME <u>James S. Greenstreet</u>	
14. MOTHER'S MAIDEN NAME <u>Saraha Margaret Crouse</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>488-09-2322</u>		17. INFORMANT Address <u>Mr. Bert Greenstreet</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Embolism</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>			<u>5 years</u>
DUE TO (c) <u>422.2</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Hypochromic Anemia</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>8-31-57</u> to <u>11-11-58</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>11-11-58</u> Death occurred at <u>4:20 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>2</u>		22b. ADDRESS <u>Eureka Mo.</u>	22c. DATE SIGNED <u>11-12-58</u>
23a. FUNERAL, CREMATION, or other disposition <u>[Signature]</u>	23b. DATE <u>11-13-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Haven Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>New Haven Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>L. C. Fertig &amp; Son New Haven Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-12-58</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300  
1-56

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.....  
Signature of Student Embalmer

Signed *Carl C. J. Jeter*.....

Licensed Embalmer No. *133*

P. O. Address *New Hope*

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.