

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025489

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 310 Primary Registration District No. 305-8 Registrar's No. 30a

STATE FILE NUMBER

FILED JUL 8 1963

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. CHARLES		c. CITY OR TOWN ST. CHARLES	
Length of stay in lb 1 HR 10 MIN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL		d. STREET ADDRESS (If outside, give location) 162 WHISPERING WINDS DR.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ERIC VON GREENIG			4. DATE OF DEATH Month Day Year JULY 2, 1963
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-2-63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ST. CHARLES, MO.
13a. FATHER'S NAME ARTHUR MERLIN GREENIG		13b. MOTHER'S MAIDEN NAME CLAUDIA K. LAUDON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT ARTHUR MERLIN GREENIG		Address ST. CHARLES, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity			INTERVAL BETWEEN ONSET AND DEATH 70 mins
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 a.m. p.m. Month, Day, Year	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 Birth , to _____ and last saw ^{him} him alive on _____ Death occurred at 8:40 7/2/63 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE G.A. Yeager, M.D.		22b. ADDRESS 304 So. 2nd, St. Charles, Mo.	22c. DATE SIGNED 7-2-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2 JULY 1963	23c. NAME OF CEMETERY OR CREMATORY ST. PETERS CEM.	23d. LOCATION (City, town, or county) (State) ST. CHARLES MO
24. FUNERAL DIRECTOR PRINSTER-BAUE F.H.		25. DATE RECD. BY LOCAL REG. July 7-1963	26. REGISTRAR'S SIGNATURE Mabel Zubrowalt Dep.
ADDRESS ST. CHARLES, MO.			

DO NOT WRITE ON THIS STUB
 AMENDED
 VS 300 Rev. 4/59
 10928
 20920
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 4 0
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 9776X
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 12 1-0
 13 5-0
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ
 USE BLACK INK OR TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

EMBALMENT

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2000
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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 _____ Signed Frederic W. Bame
Signature of Student Embalmer

Body not embalmed

Licensed Embalmer No. 4607

P. O. Address St. Charles, Mo.

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.

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