MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12191

1929

AY 2 96 14 3

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248B — Registered No. 119

City Koch (No. ..... St. ..... Ward)

2. FULL NAME William Green

(a) Residence. No. 3911 Carter St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widower

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 24 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	4	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): 0
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Phillip Green
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Susan Montague
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

14. INFORMANT (Address): Koch Hospital Records

15. FILED 3/19 1929 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 19 1925, 19..., to Mar. 19 1929, 19..., that I last saw him alive on Mar. 19 1929, 19..., and that death occurred, on the date stated above, at 8:10 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortitis Aortitis 23A
99B
Several Years (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Pulmonary Tuberculosis
6 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum

(Signed) Adolph L. Gallant, M.D.
3/19/29 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Friedens Cemetery — DATE OF BURIAL: March 21, 1929

20. UNDERTAKER: Chas. L. Geraghty — ADDRESS: 4822 Easton Ave

WRITE PLAINLY, WITH UNFADING INK

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Graphy