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.

REC'D MAY 6 1938

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

15878
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township ~~Normandy~~ — Primary Registration District No. 207 — Registered No. 678
(c) City Wellston — (d) Street No. 6318 Spencer Pl., St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank M. Green 650
(a) Residence, No. 6318 Spencer Pl. St. Wellston, Mo.,
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nancy E. Green
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-21-1876
7. AGE: YEARS 62 — MONTHS 2 — DAYS 23 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Blacksmith
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mt. Vernon Ills.,

FATHER
13. NAME: Robert Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Lith Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills.

17. INFORMANT (ADDRESS): Lewis F Green 6318 Spencer Pl.,
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Hill DATE: 4-14-38, 19
19. FUNERAL DIRECTOR (ADDRESS): Louis H Bopp Kirkwood, Mo.,
20. FILED 4-14, 1938 T. P. Meyer M.D. Dep. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 13, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 45 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | |
| 93C | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Medical history Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) John O'Connell, M. D.
Coroner of St. Louis County, Mo.
(Address)

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by.....:....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**