

APR 12 1939

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

9099
Do not use this space.

791
1008

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No. **2864**
(c) or City **St. Louis, Mo.** (d) Street No. **Homer Phillips Hosp.** 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

(a) Residence, No. **2124 Clark Ave** St. **22** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-18-1881		
7. AGE YEARS 58	MONTHS 2	DAYS 5
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		IF LESS than 1 day, hrs. or min.
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) MOOREHEAD La.		
13. NAME Frank Green		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana		
15. MAIDEN NAME Nancy Nicholas		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La		
17. INFORMANT (ADDRESS) Lewis Green 4174 W. Bell, pl.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 3-27-1939		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Atkins Bros. and Co. 3644 Finney		
20. FILED 19 37 J. B. Budach Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 23, 1939**

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 **1087** m.

The principal cause of death and stated causes of importance were as follows:
Bunch pneumonia
Multiple abscesses of the lung while hospitalized as a result of being overcome by pneumonia

Other contributory causes of importance:
him bed sore in his room 2124 Clark Feb 19-1939 about 9:45 P.M.

Name of operation: Date of: **2/19/39**

What test confirmed diagnosis? Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide: **Accident** Date of injury **2/19/39**
Where did injury occur? **St. Louis** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **Home**

Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify:

(Signed) **Frank Kelly** M. D.
(Address) **Lawrence**

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.

MAR 27 1939

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 me
Louis V. Atkins, Registered Apprentice No. _____
working under my personal supervision.

Signed Louis V. Atkins
Licensed Embalmer No. 2842
P. O. Address 3644 Finney

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, above space should be left blank.