

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41788
Registrar's No. 10911

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH: 1003
(a) County 2
(b) City or town St. Louis
(c) Name of hospital or institution: 1815 Goode Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME LORA GREEN 650
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Frank Green 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unavailable about 1883
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
about 56

9. Birthplace Perry, Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name Unavailable Hughes
13. Birthplace Chattanooga Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Jennie Robinson
15. Birthplace Chattanooga Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Samuel J. Janner
(b) Address 3847 Windsor Place

17. (a) Burial (b) Date thereof 12-22-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. Bates
(b) Address 4107 Finney Ave.

19. (a) DEC 21 1939 (b) J. B. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1815 Goode Ave.
(If rural, give location)
(e) If foreign born, how long in U.S. _____ years.

20. DATE OF DEATH: Month December day 17th
year 1939 hour 10:01 minute 55 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Stomach
arteries sclerotic
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) HO

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
Manner of injury 4
23. Signature Alfred Perry (M. D. or other)
Address 1300 Clark Ave. Date signed 12-18-39

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.

STATEMENT BY LICENSED EMBALMER

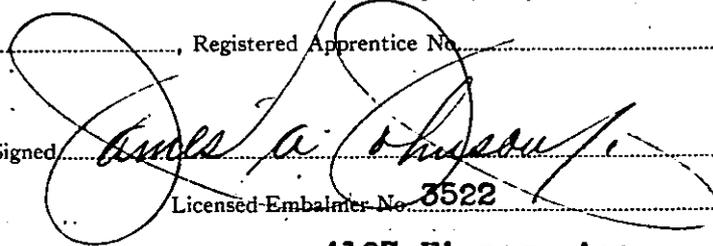
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.