

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. 2330

I. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hospital.  
(If not in hospital or institution, write street number or location) /  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Annie Green  
3. (b) If veteran, name war No.  
3. (c) Social Security No. None.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.  
6. (b) Name of husband or wife Square W. Green. 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased Dec. 12 1866.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 2 26 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown Snyder ?  
13. Birthplace Unknown. (City, town, or county) (State or foreign country) ?

{ 14. Maiden name Unknown.  
15. Birthplace Unknown. (City, town, or county) (State or foreign country) ?

16. (a) Informant Square W. Green  
(b) Address 1316 rear Palm St.

17. (a) Burial. (b) Date thereof 3-11-40.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director H. Leidner Und. Co.  
(b) Address 1417N Market St.

19. (a) MAR 9 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_  
(c) City or town St. Louis. 26  
(If outside city or town limits write "RURAL")  
(d) Street No. 1316 rear Palm St.  
(If rural, give location)  
(e) Married born Nov 12 1888 \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8  
year 1940 hour 1 minute 2 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  
Intestinal Obstruction due to edema of sigmoid flexure of large intestine  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? (a) Means of injury \_\_\_\_\_

23. Signature Joseph M. Deason (M. D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 7367

P. O. Address 2223 St. Louis 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.**