R 11 1940
S. No. 2
—11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12484

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 500

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

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 1/30/40. (Specify whether
In this community unkn.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1367 Semple Avenue.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? - years.

3. (a) PRINT FULL NAME 650 John W. Green
3. (b) If veteran, name war World War
3. (c) Social Security No. -
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased January 17, 1896 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
44	1	23	hr. min.

9. Birthplace Prairie Home, Missouri 6
(City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business -
FATHER
12. Name Joel Green 6
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Smith
15. Birthplace Missouri. 0
(City, town, or county) (State or foreign country)
16. (a) Informant Clinical Clerk Schilling
(b) Address VAF, Jeff. Bks., Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Boonville, Missouri
18. (a) Signature of funeral director A Hoffmeister W. L. C.
(b) Address 7814 S. Broadway
19. (a) MAR 11 1940 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th year 1940 hour 10:40 minute A.M.
21. I hereby certify that I attended the deceased from January 30, 1940, to March 10, 1940 that I last saw him alive on March 10, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary arterio-sclerotic heart disease with marked cardiac enlargement, myocardial	
Due to damage and myocardial insufficiency.	unkn.
Due to	
Other conditions None. (Include pregnancy within 3 months of death)	

95 b 2

Major findings:
Of operations No operation.
Of autopsy No 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) no
(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? 707 (Specify type of place)
While at work? (e) Means of injury
23. Signature C.W.HUGHES, M.D., (M. D. or other) 1
Chief Medical Officer,
Address Vet. Adm. Fac., Jeff. Bks., Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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

If this body is not embalmed, above space should be left blank.