

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

4075

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Green 650
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased abt 1880
(Month) (Day) (Year)

8. AGE, Years abt 60 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Green

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hodge

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Brig. Larsen

(b) Address Salvation Army, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/40
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Edith E. Amoruster

(b) Address 4234 Manchester

19. (a) MAY 6 1940 (b) J. Handrick
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, Mo. 25
(If outside city or town limits, write "RURAL")
(d) Street No. 1421 Locust
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1940 hour 3:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 29, 1940 to May 4, 1940;
that I last saw him alive on May 4, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Aortic E Regurgitation
Due to Atherosclerosis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____

Major findings: _____
Of operations _____
Of autopsy as above

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) _____
(e) Means of injury _____
23. Signature J. Handrick (M.D. or other) _____
Address 1515 Lafayette Date signed 5/6/40

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.....

Licensed Embalmer No. 1284

P. O. Address St Louis Mo

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.