

No. 2
11-10-39
1-17-39
I X2149

AUG 25 1940 791
Registration District No. _____

Primary Registration District No. _____

Registrar's No. **6076**

1. 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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether
In this community 25 years
years, months or days)

3. (a) PRINT FULL NAME Walter Green (657)

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

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

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

7. Birth date of deceased July 4th 1894
(Month) (Day) (Year)

8. AGE: Years 46 Months 0 Days 13
If less than one day hr. min.

9. Birthplace Crystal Springs Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

12. Name William Green

13. Birthplace Crystal Springs Miss
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Ellen

15. Birthplace Crystal Springs Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Physe Washington
(b) Address 3637 E. Easton Ave

17. (a) Burial (b) Date thereof July 23-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Hande & Son

(b) Address 3133 Bell Ave

19. (a) JUL 20 1940 (b) J. F. Bredeck
(Date of death) (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 limit write "RURAL")
(d) Street No. 3637 Easton
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1940 hour 5:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 7, 1940, to July 17, 1940
that I last saw him alive on July 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Duration
4 years

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Allen, C. (M. D. or other) _____

Address 2601 N Whittier Date signed _____

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

MOTHER FATHER

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 *J. J. Watson*
Licensed Embalmer No. *2698*
P. O. Address *2769 Chouteau*

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.