

DEC 11 1940

791

Primary Registration District No. **1003**

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

1. PLACE OF DEATH: **ST. MARY'S HOSPITAL**

(a) County **S**  
(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: **St Marys Infirmary**  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County \_\_\_\_\_  
(c) City or town **ST. LOUIS** **25**  
(If outside city or town limit, write "RURAL")  
(d) Street No. **1422 E N 11th ST.**  
(If rural, give location)  
(e) Foreign born \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Mary GREEN**

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

4. Sex **FEMALE** 5. Color or race **Negro** 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 **April - 23 - 1931**  
(Month) (Day) (Year)

8. AGE: Years **9** Months **6** Days **13** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **ST- LOUIS MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **School girl**

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

12. Name **WILLIAM GREEN**

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

14. Maiden name **LUCILLE MURPHY**

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

16. (a) Informant **LUCILLE IRVING**  
(b) Address **1422 N. 11th St.**

17. (a) **BURIAL** (b) Date thereof **11 - 9 - 40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cem.**  
(d) Signature of funeral director **WRIGHT FUNERAL HOME**  
(e) Address **3100 EASTMAN AVE**  
(f) Date received local registrar **NOV 9 1940**

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **11** day **5**  
year **1940** hour **4** minute **40** 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 **Laryngeal Cancer of Bronchus**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
(e) Means of injury **S**  
23. Signature **Joseph M. [unclear]** (M. D. or other)  
Address **Deputy [unclear]**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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

*Malvin Blackman*

Licensed Embalmer No. 3962

P. O. Address.....

**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.**