

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos 11 das
In this community 26 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Green

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Col 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 Unknown
(Month) (Day) (Year)

8. AGE: Years About Months 53 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
12. Name Alford Green
13. Birthplace Jackson Miss (City, town, or county) (State or foreign country)
14. Maiden name Armitage Green
15. Birthplace Jackson Miss (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Flarnce Pillars
(b) Address 3215 Pine St

17. (a) _____ (b) Date thereof 11/20/40
(Burial, cremation, or removal) Green Wood (Month) (Day) (Year)
(c) Place: burial or cremation Green Wood

18. (a) Signature of funeral director Pinkie L Toney
(b) Address 3129 Lucas Ave

19. (a) NOV 20 1940 (b) J. F. Braddock
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 3215 Pine (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1940 hour 5:30 5: _____ minute 5:30 A. M.

21. I hereby certify that I attended the deceased from Sept 7, 1940 to Nov 18, 1940
that I last saw him alive on Nov 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease
Cardiac Decompensation 5 yrs

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? _____

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

23. Signature J. W. Johnson (M. D. or other)
Address 2601 N Whittier Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Clark Young

Licensed Embalmer No. 33715

P. O. Address St. Louis

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.