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DEPARTMENT OF COMMERCE
U.S. BUREAU OF THE CENSUS

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23393

Registration District No. 791 | Primary Registration District No. | Registrar's No. 5745

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

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 7 Days (Specify whether years, months or days)
In this community 25 Yrs. 0

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. 2907 Laclede
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

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3. (a) PRINT FULL NAME Miles James Green

3. (b) If veteran, name war ----

3. (c) Social Security No. 702-04-6203

4. Sex Male 2 | 5. Color or race Negro | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena Green

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased October (Month) 1st. (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
61	9	8	hr. min.

9. Birthplace North Little Rock (City, town, or county) Ark. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Frank Green
13. Birthplace Unknown (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Julia Unavailable
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lena Green
(b) Address 2907a Laclede Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-12-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas J. Gates
(b) Address 4107 Finney Ave.

19. (a) JUL 12 1941 (Date received local registrar) (b) J. M. Kendrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1941 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 3, 1941 to July 10, 1941 that I last saw him alive on July 10, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterosclerotic Heart Disease	3 Yrs.
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. W. Johnson (M. D. or other) D
Address 2601 N. Whittier Date signed 7/10/41

(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 James A. Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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

If this body is not embalmed, fact should be so stated above.