No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39899

FILED JAN 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9607

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: 4593 Garfield ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community About 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis Mo (If outside city or town limits, write "RURAL")

(d) Street No. 4593 Garfield (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lucianda Green

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race Negro Girl

6. (a) Single, widowed, married, divorced W

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

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 64			hr. min.

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

10. Usual occupation House worke

11. Industry or business None

FATHER 12. Name Henry Mooer

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

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace Boonville Mo (City, town, or county) (State or foreign country)

16. (a) Informant Julia Taylor

(b) Address 4593 Garfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof II/5 /41 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Pinkie L Toney

(b) Address 3129 Lucas Ave

19. (a) DEC 4 1941 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2, year 1941 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 19, 1941, to Dec 2, 1941 that I last saw her alive on Dec 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chr. — Duration 2 years

Due to Cerebral Apoplexy

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 Wm E Reubenstein (M. D. or other)

Address 4114 Easton Date signed 12/3/41

(Licensed Embalmer's Statement on Reverse Side)

APR 28 1942

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~~ me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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

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