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. 12652

FILED MAY 19 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4069

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: 2937 Atlantic St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 16 yrs
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St. Louis 18 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2937 Atlantic St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Clara Green

3. (b) If veteran, name war No

3. (c) Social Security No. Nil

4. Sex Fem 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Widow 9

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

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

7. Birth date of deceased April 5, 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 0 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business At home

FATHER
12. Name Gabriel Thompson
13. Birthplace (City, town, or county) S. Carolina (State or foreign country)

MOTHER
14. Maiden name Martha Covington
15. Birthplace (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Haywood Green
(b) Address 2937 Atlantic St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/10/42 (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Ill

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Ave

19. (a) MAY 6 1942 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

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**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 5
year 1942 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Feb 24, 1942, to May 5, 1942;
that I last saw her alive on April 28, 1942
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Hemorrhage | 5 d |
| Due to Hypertension | |
| 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 D

23. Signature M. G. Newell (M. D. or other) M. D.
Address 2335 Franklin Date signed 5-7-42

(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.....

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

working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1173

P. O. Address 3517 Sackle Av

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

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