

S. No. 2
M-1-4-41
v. 5-17-39
I X26390

16194

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 15 1942 91
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 4813

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

1. PLACE OF DEATH:
 (a) County St. Louis Mo.
 (b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer Phillips Hosp
(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. County St. Louis 21
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2308 Sheridan av
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME YVONNE GREEN
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 30th
 year 1942 hour 2:50 minute _____ P. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

4. Sex F. 3
 5. Color or race Col
 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 10 1937
(Month) (Day) (Year)

Immediate cause of death _____
Broncho Pneumonia
 Due to _____
 Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>4</u>	<u>8</u>	<u>20</u>	_____ hr. _____ min.

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

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 1/27
 Of autopsy _____

10. Usual occupation _____
 11. Industry or business _____
 MOTHER FATHER { 12. Name David Green
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Alice
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Alice Green
 (b) Address 2308 Sheridan
 17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park
 18. (a) Signature of funeral director Walter
 (b) Address 2769 Olive
 19. (a) JUN 2 1942 (b) J. F. Beck
(Date received local registrar) (Registrar's signature)

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? _____ (Specify type of place)
 23. Signature Walter (M. D. or other) 3
 Address Clayton Date signed 6/1/42

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

(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.....

S. J. Watson

.....
Licensed Embalmer No.....

2695

P.O. Address.....

2769 Route 1

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, fact should be so stated above.