

Registration District No. 160 B

Primary Registration District No. 6001

1. PLACE OF DEATH:

(a) County ST. CHARLES
(b) City or town WELDON SPRINGS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ATLAS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 HRS.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Louis 96
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1322 Hawthorne
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GERALD A. GREEN

3. (b) If veteran, name war No 3. (c) Social Security No. 492-03-4816

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Dorothy 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Dec 31 1916
(Month) (Day) (Year)

8. AGE: Years 25 Months 5 Days 6 If less than one day hr. min.

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

10. Usual occupation T.N.T. WORKER

11. Industry or business

MOTHER FATHER
12. Name Ernest L. Greene
13. Birthplace Bay City Mich I
(City, town, or county) (State or foreign country)
14. Maiden name Myrtle Porter
15. Birthplace St. Louis Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Green
(b) Address 1322 Hawthorne Richmond Hts Mo

17. (a) BURIAL (b) Date thereof 6/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director Jay S. Smith
(b) Address 745 E. Manchester St. St. Louis

19. (a) 6-7-42 (b) E. A. M. SUTNEY
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1942 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Shock

Due to Extensor Burns, 12 hrs.

Other conditions He
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

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) 092

(b) Date of occurrence June 24, 1942

(c) Where did injury occur: 1 N.T. Park Weldon Springs
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial plant

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

23. Signature E. A. M. SUTNEY
Address St. Charles Mo Date signed 6/1/42

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

92

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100-50-224

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..... *Wulfard G. Burnley*

Licensed Embalmer No..... *4202*

P. O. Address.....

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.