. No. 2
—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25870

Registration District No. Filed SEP 1 1942 3/8

Primary Registration District No. 1003

Registrar's No. 6946

1. PLACE OF DEATH:

(a) County

(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 Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 6 18

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

(d) Street No. 3517a Clark Ave. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charlie Green

3. (b) If veteran, name war -- 3. (c) Social Security No. 707-05-7544

4. Sex Male 9 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bessie L. Green 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased April (Month) 19th. (Day) 1891 (Year)

8. AGE: Years 51 Months 3 Days 27 If less than one day hr. min.

9. Birthplace Pendleton (City, town, or county) So. Carolina (State or foreign country)

10. Usual occupation Coach Claaner

11. Industry or business Burlington R.R. Co.

FATHER
12. Name Alfred Green
13. Birthplace Pendleton (City, town, or county) So. Carolina (State or foreign country)

MOTHER
14. Maiden name Mariah McCord
15. Birthplace Anderson Co. (City, town, or county) So. Carolina (State or foreign country)

16. (a) Informant Bessie L. Green
(b) Address 2917 Rutger Street

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/20/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Abernant, Alabama

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

19. (a) AUG 18 1942 (Date received local registrar) J. F. Murdock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16, year 1942 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from August 2, 1942 to August 16, 1942 that I last saw him alive on August 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prob. Bronchogenic Carcinoma	Unknown
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?
While at work? (Specify type of place) (e) Means of injury 0

23. Signature L. E. Smith (M. D. or other)
Address 2601 Whittier Date signed 8/18/42

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 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 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 with the above constitutes grounds for revocation of license.)

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