

FILED OCT 14 1942 318

1003

State File No.

Registrar's No. 8181

Registration District No.

Primary Registration District No.

899

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

(d) Length of stay: In hospital or institution 75 yrs
(Specify whether years, months or days)

In this community 75 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis Mo
(If outside city or town limits, write "RURAL") 191

(d) Street No. 4407 Kannerly
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME TITUS GREEN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex MAL 5. Color or race C

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

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased May 17 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>4</u>	<u>12</u>	hr. min.

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

10. Usual occupation none

11. Industry or business none

12. Name Titus Green

13. Birthplace Danville MO
(City, town, or county) (State or foreign country)

14. Maiden name Maodie Norris

15. Birthplace Danville MO
(City, town, or county) (State or foreign country)

16. (a) Informant Stanley Green

(b) Address 433 1/2 Cottage Ave

17. (a) Burial (b) Date thereof 10-3-42
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director H. J. Smith

(b) Address 4247 N. J. Labadie Ave

19. (a) OCT 2 1942 (b) J. F. Woodcock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1942 hour 12:45 minute 0 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 Chronic Myocarditis

Due to 930

Due to 930

Other conditions 930
(Include pregnancy within 3 months of death)

Major findings: Of operations 930

Of autopsy 930

PHYSICIAN 930

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) none

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? none (Specify type of place) (e) Means of injury 3

23. Signature Thomas F. Callahan (M. D. or other) 3
Address Deputy Coroner Date signed 10/3/42

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.....

William C. McDowell....., Registered Apprentice No.....
working under my personal supervision.

Signed *William C. McDowell*.....

Licensed Embalmer No..... *2114*

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.