

FILED OCT 13 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31990

State File No.

Registrar's No. 8308

Registration District No.

Primary Registration District No. 1003

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 55 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 000
(c) City or town St. Louis, Mo. 17
(If outside city or town limits, write "RURAL") 119
(d) Street No. 4223 Cote Brillante
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Tillie Bozella Green

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased. June 30 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 3 4 hr. min.

9. Birthplace Baltimore To 1
(City, town, or county) (State or foreign country)

10. Usual occupation Med

11. Industry or business

MOTHER FATHER
12. Name John Anderson
13. Birthplace not known 9
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Carter
15. Birthplace not known KY 1
(City, town, or county) (State or foreign country)

16. (a) Informant Tillie D. Green

(b) Address 4223 Cote Brillante
17. (a) Burial (b) Date thereof 10-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Wood

18. (a) Signature of funeral director J. F. Brebeck

(b) Address 2625 N. Glasgow
01 1942

19. (a) (Date received local registrar) (b) J. F. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4, year 1942 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from September 30, 1942, to October 4, 1942 that I last saw him alive on October 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic Heart Disease Unknown
Diabetes Mellitus "

Due to 61
Due to 57
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 57
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

23. Signature J. F. Brebeck (M. D. or other) 0
Address 2625 N. Glasgow Date signed 10/5/42

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

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.....

G. D. Richardson

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow*

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.