

S. No. 2
M-5-42
V. 5-17-39
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35416

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 23 1942
318

Primary Registration District No. 1003

Registrar's No. 9517

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute To City Hospital 3
(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. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4101a Botanical Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
No. Attending Physician

3. (a) PRINT FULL NAME Arthur F. Green

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th
year 1942 hour 4:30 minute P.M. M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....
that I last saw h..... alive on.....
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Clara E. Green 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 26, 1892
(Month) (Day) (Year)

8. AGE: Years 48 Months 4 Days 18 hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business.....

12. Name John Green

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

14. Maiden name Elizabeth Seitz

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

16. (a) Informant Clara E. Green

(b) Address 4101a Botanical Ave.

17. (a) Burial (b) Date thereof 11- -42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) NOV 14 1942 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

Immediate cause of death.....

Coronary Occlusion

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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).....

(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 James P. [unclear] (M.D. or other)

Address 1300 [unclear] Date signed 11/14/42

844 (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 *Edwin D. McArthur*

Licensed Embalmer No. *3027*

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.