

S. No. 2
M-9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35417

State File No. _____
Registrar's No. 9916

FILED DEC 7 1942
Registration District No. 818

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: St. Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 3703 Washington Ave.
(e) Citizen of foreign country? NO
If yes, name country _____

3. (a) PRINT FULL NAME Hattie Green
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November, day 23rd, year 1942, hour 6:30 minute 0 A.M.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Roy Green (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Jan 10, 1905
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1, 1942, to November 23, 1942
that I last saw h. er alive on November 23, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Amyloidosis Duration _____

8. AGE: Years 37 Months 10 Days 13
If less than one day hr. _____ min. _____

Due to Endocrine dysfunction
Due to _____

9. Birthplace Hope Arkansas
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) NO

11. Industry or business _____
12. Name John Jamison
13. Birthplace Hope Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Lillie Howard
15. Birthplace Hope Arkansas
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Major findings: Of operations _____
Of autopsy NO
Underline the cause to which death should be charged statistically.

16. (a) Informant Roy Green
(b) Address 3703B Washington Ave.
17. (a) Burial (b) Date thereof 11-28-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.
19. (a) NOV 28 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

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. Brudick (M. D. or other) _____
Address 809 1/2 N. Jefferson Ave Date signed 11-27-42

STATEMENT BY LICENSED EMBALMER

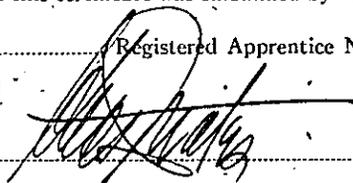
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Chas. J. Gates

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **1825**

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.