

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 days**
(Specify whether _____)
In this community **37 years**
years, months or days)

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

4. Sex **M** 2 race **W.C.A.S.** 5. Color or _____
6. (a) Single, widowed, married, divorced **21 Y. M.C.**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **1905 Aug - 19** **1905**
(Month) (Day) (Year)

8. AGE: Years **37** Months **02** Days **15** 23 hr. _____ min. _____
If less than one day

9. Birthplace **MO -** _____
(City, town, or county) (State or foreign country)

10. Usual occupation **LABOR**

11. Industry or business _____

MOTHER FATHER
12. Name **JOHN GREEN**
13. Birthplace **MBS -** _____
(City, town, or county) (State or foreign country)
14. Maiden name **UNKNOWN**
15. Birthplace **MISS -** _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Helen Johnson**
(b) Address **2101 1/2 Sheridan ave.**

17. (a) **BURIAL** (b) Date thereof **Nov-16-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Wood**

18. (a) Signature of funeral director **Parvett Jones**
(b) Address **2631 Sample**

19. (a) **NOV 16 1942** (b) **J. F. Bedeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis,** **217**
(If outside city or town limits, write "RURAL")
(d) Street No. **2838 Lawton**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **11,**
year **1942** hour **1** minute **55 P.** M.
21. I hereby certify that I attended the deceased from **November**
3, 19**42,** to **November 11,** 19**42.**
that I last saw him alive on **November 11,** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death
Lobar Pneumonia (Autopsy) **3 weeks**
Duration

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 _____

23. Signature **J. E. Smith** (M. D. or other) _____
Address **2601 Whittier** Date signed **11/13/42**

