

FILED JAN 13 1943 818

Registration District No. .... Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1431 W. Dillon Street /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community 74 Yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1431 W. Dillon Street.  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

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3. (a) PRINT FULL NAME Alma Green

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Fem 5. Color or race 3 Col 6. (a) Single, widowed, married, divorced 2 Widowed

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

7. Birth date of deceased October 1, 1857  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>2</u>	<u>28</u>	hr. min.

9. Birthplace Chesterfield Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business.....

MOTHER FATHER { 12. Name Moses White

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Bell Green

(b) Address 1431 W. Dillon Street

17. (a) Burial (b) Date thereof 1/2/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclade Avenue

19. (a) Dec 31 1942 (b) J. F. Brudeck  
(Date of burial) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29  
 year 1942 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-26-42  
 to 12-29-42 19..... to 19.....  
 that I last saw her alive on 12-26 19.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Nephritis (Bilateral) Duration unknown

Due to.....

Due to.....

Other conditions Inflammation of bladder  
(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 M. G. Wood (M. D. or other).....

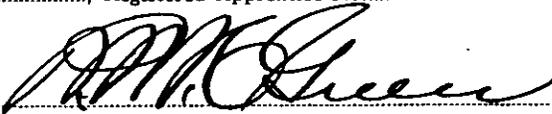
Address 1001 Mc Campbell Date signed 12-30-42

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..... 

Licensed Embalmer No. 1173

P. O. Address 3517 Coleda

**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.**