

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Spanish Lake
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Larimore Road & Burlington Tracks
(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 Missouri (b) County St. Louis
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. R # 3. Box 523 Riverview Dr &
(If rural, give location) Hyway 66
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Russell H. Green

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Thula Green 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased February 28 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 9 5 hr. _____ min.

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

10. Usual occupation Gardner
St Louis Wholesale Cut Flower

11. Industry or business CO

12. Name John Green 13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Stize 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant J. F. Archer

(b) Address 10049 Dorothy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec.-6-42
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director A. Krow & Co.
(b) Address 2707 n. Grand Blvd

19. DEC 4 - 1942 (Date received Loca Registrar) (b) C. L. McCarroll (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3
year 1942 hour 1 minute 15 p.m.

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

Immediate cause of death Natural causes. Duration _____

Due to Chronic Myocarditis.

Due to _____

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

Major findings: Of operations _____

Of autopsy Yes.

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 Louis H. Hoff (M. D. or other) _____
Address Kirkwood, Mo. Date signed 12/4/42

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

96
0
0

96
0

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.....

Paul H. Grodenberg

Licensed Embalmer No.....

2630

P. O. Address.....

3707 N. Howard

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.