

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAR 2 1943

Registration District No. 318

Primary Registration District No. 1003

State File No. _____

Registrar's No. 1525

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: St. Marys Inf. H.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

3. (a) PRINT FULL NAME LUCY GREENE

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 5 1872
 (Month) (Day) (Year)

8. AGE: Years 70 Month 5 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business at Home

12. Name unknown

18. Birthplace unknown
 (City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant's own signature Richard Greene

(b) Address Venice Ill.

17. (a) Burial (b) Date thereof Feb 16-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis Ill.

18. (a) Signature of funeral director J. J. Marshall

(b) Address 2205 Mo. Ave. East St. Louis Ill.

19. (a) FEB 16 1943 (Date received local registrar) J. J. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Madison
 (c) City or town Venice (If outside city or town limits, write "RURAL")
 (d) Street No. 168 - Sixth St. (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 43 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from before 1941 to Feb 12 1943; that I last saw her alive on Feb 12 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo Duration 2 days

Due to Ch. Hepatitis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Edgar F. Anderson (M. D. or other) M. D.

Address 932 N. 1st St Date signed 2/16/43

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

