7015
. S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 15878

Registrar's No. 10906

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Mos-20 days (Specify whether years, months or days)
In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000 17
(c) City or town St. Louis 918
(If outside city or town limits, write "RURAL")
(d) Street No. 11½ S. Vandevanter Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emma Gertrude Green
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife James Green
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 2nd., 1867 (Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 4 If less than one day hr. min.

9. Birthplace St. Bernard (City, town, or county) Ohio (State or foreign country)
10. Usual occupation At Home
11. Industry or business
MOTHER FATHER
12. Name Jacob Metener
13. Birthplace N.J. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Katherine Unknown
15. Birthplace N.J. (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Robert Green
(b) Address 11½ S. Vandevanter
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Dornelly
(b) Address 3840 Lindell Blvd.
19. (a) DEC 10 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th year 1943 hour 10:40 minute P.M.
21. I hereby certify that I attended the deceased from August 16th, 1943 to December 6th, 43 that I last saw her alive on December 6th, 1943 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Senile Dementia
Due to
Due to
Other conditions Pyelonephritis & stones
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (Attending physician or coroner)
Address 1515 Lafayette Date signed 12/7/43

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.