

S. No. 2
DM-5-43
v. 5-17-39
P 1 X36871

35916

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 5 1948 18

1003

Registrar's No. 10146

Registration District No. _____ Primary Registration District No. _____

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Mins
(Specify whether years, months or days)

In this community _____
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. 2625 Dickson Street
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Green

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased: 11 13 44
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
hr. 30 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Emanuel Green

13. Birthplace Ebezener Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Willie Jane Tanksey

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

16. (a) Informant Mary T. Duwall

(b) Address 2601 N. Whittier Street

17. (a) Burial (b) Date thereof NOV 20 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Y. B. Hudson
(City or town) (State)

(b) Address City Health Dept

19. (a) NOV 20 (b) J. F. Brudner
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 13
year 44 hour 11 minute 45 p. M.

21. I hereby certify that I attended the deceased from 11 - 13
19 44 to 11 - 13, 19 44
that I last saw h. im alive on 11 - 13, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Atelectasis (Bilateral); Patent Foramen Ovale; Patent Ductus venosus.

Due to Unknown

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

Major findings: _____

Of operations _____

Of autopsy As above

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) _____ (e) Means of injury _____

23. Signature H. J. Lunkler (M. D. or other) _____
Address 2601 N. Whittier St. Date signed 11-25-44

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.....

P. O. Address.....

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.