

No. 2
1-5-43
5-17-39
I X36671

FILED MAY 10 1946

State File No. _____

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. 4037

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. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999

(c) City or town E. St. Louis
(If outside city or town limits, write "RURAL") N.Y.

(d) Street No. 1607 Wilford Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME REV. HALBERT S. GREEN

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 30
1946, to April 30, 1946.
I last saw him alive on 4/30, 1946.
and that death occurred on the date and hour stated above.

4. Sex Male 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Green

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June 1, 1886
(Month) (Day) (Year)

Immediate cause of death Coronary Artery Disease
Myocardial Infarction
Coronary

Duration 20 days

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>10</u>	<u>29</u>	hr. _____ min. _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/30

9. Birthplace Lake Providence Louisiana
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Minister

11. Industry or business Baptist

12. Name Steven Green

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

14. Maiden name Delford Coleman

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

16. (a) Informant Julia Green

(b) Address 1607 Wilford

17. (a) Removal (b) Date thereof 5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Ill Booker Wash Cem.

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 _____

Signature E. F. Johnson M.D. (M. D. or other) _____

Address 930 N. L. St. Date signed 5/2/46

18. (a) Signature of funeral director E. J. Nash

(b) Address 3847 Page Bldg.

19. (a) MAY 3 1946 (b) E. J. Brenner
(Date received local registrar) (Registrar's signature)

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

MOTHER, FATHER

13647

STATEMENT BY LICENSED EMBALMER

not

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 C. J. 820sk

Licensed Embalmer No. 2432

P. O. Address 2847 Page Blvd.

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.