

S. No. 2
M-2-43
5-17-39
V1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED AUG 27 1946 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28680

State File No. _____

Registrar's No. **7186**

Registration District No. **318** Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County _____

(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 **5 days**
(Specify whether

In this community _____
years, months or days)

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** **Married**

6. (b) Name of husband or wife **Celeste** **6. (c) Age of husband or wife if alive** **40** years

7. Birth date of deceased **July 4 1898**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
48	1	12	hr. _____ min.

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

10. Usual occupation: **Laborer**

11. Industry or business: **P. D. George Paint Co.**

12. Name: **Wm Green**

13. Birthplace: **Couparle City, Miss.**
(City, town, or county) (State or foreign country)

14. Maiden name: **Ora Beck**

15. Birthplace: **Rocheport, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Alice Green**

(b) Address: **4222 W. Labadie Ave.**

17. (a) Burial **(b) Date thereof:** **8-21-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Washington Park**

18. (a) Signature of funeral director: **Chas. J. Gates**

(b) Address: **4107 Finney Ave.**

19. (a) AUG 19 1946 **(b) J. F. Brebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

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

(d) Street No. **4222 W Labadie**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **16**
year **1946** hour **6** minute **x** P.M.

21. I hereby certify that I attended the deceased from **8-11** to **8-16** 19**46**
that I last saw h. **im** alive on **August 16** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Lobar Pneumonia** **Duration** **Undet**

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy **Yes**

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? _____

While at work? _____
(Specify type of place) (Means of injury)

23. Signature: **E. C. Williams** **(M. D. or other)** **8/19/46**
Address **2601 No. Miller** Date signed _____

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD
27518

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.....

..... Chas. J. Gates, Registered Apprentice No.....

working under my personal supervision.

Signed..... Chas. J. Gates

Licensed Embalmer No..... 1825

P. O. Address..... 4107 Finney Ave.

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.