

FILED OCT 31 1946
318

1003

Registration District No.

Primary Registration District No.

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:
4122 Delmar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Willie Green

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

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

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

7. Birth date of deceased Dec. 25, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 9 30 hr. min.

9. Birthplace Yazoo City, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business Dress factory

MOTHER FATHER

12. Name Joe Green

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

14. Maiden name Jane Hadley

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

16. (a) Informant William Nash Green

(b) Address 4443 Delmar

17. (a) Burial (b) Date thereof 9/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Russell Und., Co.

(b) Address 2732 Pine Street

19. (a) SEP 27 1946 (b) J. F. Bredeck
(Date received by local registrar) (Registrar's signature)

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. 4122 Delmar
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 24
year 1946 hour 4:10 minute 9 M.

21. I hereby certify that I attended the deceased from 9/17
1946 to 9/24 1946
that I last saw alive on 9/24/46 1946
and that death occurred on the date and hour stated above.

Immediate cause of death nephritis (chronic oliguria) Duration _____
Due to _____
Due to _____

Other conditions _____
(Includes 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?
While at work? _____ (Specify type of place)
(2) Means of injury _____

23. Signature [Signature] (M. D. or other)
Address [Address] Date signed _____

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.....

Charles Young

Licensed Embalmer No.....

3371

P. O. Address.....

St Louis

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.