

FILED DEC 17 1946
465887

318

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(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 LOUISE GREEN

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 5 1972
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business clean

12. Name Joseph Evrege

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

14. Maiden name Mary Josephine Jelle

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

16. (a) Informant Mrs Gladys Freeman

(b) Address 2301 Whiteman Pl.

17. (a) Cremation (b) Date thereof Dec 7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marion Cemetery

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

(b) Address 3125 Lafayette

19. (a) DEC 7 1946 (Date received by registrar) J. F. Bredok (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2301 Whiteman St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th
year 1946 hour 5:30 minute A M.

21. I hereby certify that I attended the deceased from 11/25/46
19____, to Dec. 7th 1946,
that I last saw him alive on Dec. 7th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 days

Due to Blockage of ureters

Due to Carcinoma of cervix uteri

Other conditions (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? _____

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

23. Signature James R. Burns (M. D. or other) 12/7/46
Address 1515 Lafayette Date signed _____

MOTHER FATHER

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.

No Embalming

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.