

No. 2  
-12-45  
-17-39  
X47070

**FILED APR 14 1947**

Registration District No. **318** Primary Registration District No. **1003**

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

**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 **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 mos (Specify whether  
in this community About 28 years (Specify whether  
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. 4235 Kennerly **9**  
(If rural, give location)

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

**3. (a) PRINT FULL NAME.** Lillian Green

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 492-21-5636

4. Sex Female **3** 5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased October 26, 1898  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>48</u>	<u>5</u>	<u>2</u>	hr. min.

9. Birthplace Jackson, Mississippi /  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Ed. Patton

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

14. Maiden name Sally Perkins /  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Norvel Green  
(b) Address 4235 Kennerly Avenue

17. (a) Burial (b) Date thereof 4/2/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Chas. J. Gates  
(b) Address 4107 Finney Avenue

19. (a) APR 2 1947 (b) J. F. Budick  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar. day 28  
year 1947 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from  
11-2 1946 to 3-28 1947  
that I last saw her alive on Mar. 28 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy No

**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? \_\_\_\_\_

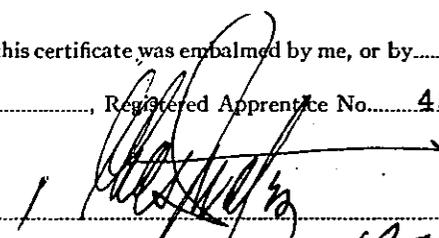
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Clifford Hancock (M. D. or other) \_\_\_\_\_  
Address 2601 N Whittier Date signed 3/29/47

**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.....

..... John K. Cunningham ....., Registered Apprentice No. 452  
working under my personal supervision.

Signed.....  .....

Licensed Embalmer No. 1875

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.**