. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15130

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 4674

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: Alexian Bros. Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-00
(c) City or town St. Louis 1617
(If outside city or town limits, write "RURAL")
(d) Street No. 4051 Utah 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME William P. Green
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Mollie Green
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 4 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
73	9	2	hr. min.

9. Birthplace Marissa (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Coal Miner
11. Industry or business Coal Mine
MOTHER FATHER
12. Name William Parker Green
13. Birthplace (City, town, or county) S. Carolina (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Fred P. Green
(b) Address 4051 Utah
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation Marissa, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) MAY 8 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1947 hour 2 minute 00 A.M.
21. I hereby certify that I attended the deceased from 5/1, 1947 to 5/6, 1947
that I last saw him alive on 5/5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	3 days
Due to Hypertension C V R Syndrome	
Due to	
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? O
While at work? (Specify type of place) (e) Means of injury
23. Signature E. Kienzle (M. D. or other) MD
Address 2800 Chippewa Date signed 5/6/47

(Licensed Embalmer's Statement on Reverse Side)

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 John S. Dennehy

Licensed Embalmer No. 4194

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.