7. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35767
Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9387

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 3918 Lincoln avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 060
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3918 Lincoln ave 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Howard A. Green
3. (b) If veteran, name war no
3. (c) Social Security No. 493-10-9946
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rose Green
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased August (Month) 21 (Day) 1883 (Year)
8. AGE: Years 64 Months 1 Days 18 If less than one day hr. min.
9. Birthplace Fenton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Street car operator
11. Industry or business retired
FATHER 12. Name Ira Green
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Rose Green
(b) Address 3918 Lincoln ave
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 11 47 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director A. Kron Hall Co
(b) Address 2707 N. Grand Blv'd
19. (a) OCT 10 1947 (Date received local registrar) (b) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 9 year 1947 hour 3 minute 10 p.m.
21. I hereby certify that I attended the deceased from Oct. 1 1946, 19..., to Oct 9 1947 that I last saw him alive on Oct 9, 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Carcinoma of the sigmoid colon
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature William O. Moore M.D. (M. D. or other)
Address 3625 Fair Ave Date signed 10/8/47

Jefferson City Printing Co.
(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 Stanley H. Dixon

Licensed Embalmer No. 4193

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.