

No. 2
-12-45
5-17-39
1 X47070

DEPARTMENT OF COMMERCE
CENSUS
FILED DEC 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39701
State File No. 11211
Registrar's No.

Registration District No. 318 Primary Registration District No. 1002

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:
St. Louis Childrens
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair
(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1462 Illinois
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Norman Paul Green
(b) If veteran, name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 7
year 47 hour 5 minute 25 P.M.
21. I hereby certify that I attended the deceased from
12-5 1947, to 12-7 1947
that I last saw him alive on 12-7 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced. Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Jan. 10, 1944
(Month) (Day) (Year)

Immediate cause of death Acute Lymphoid Leukemia Duration
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death) 74
Major findings: Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
3 11 27
hr. min.

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

10. Usual occupation at home

11. Industry or business.....

12. Name Cloud Green

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

14. Maiden name Doris Miller

15. Birthplace East St. Louis Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Turbe

(b) Address East St. Louis Ill

17. (a) burial (b) Date thereof Dec. 10 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill

18. (a) Signature of funeral director Chas M. Turbe

(b) Address East St. Louis, Ill

19. (a) DEC 8 - 1947 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

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 Gilbert B. Ford (M. D. or other)
Address..... Date signed 12-8-47

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

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.

Signed.....

Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill

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.