S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6420

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1447

WRITE PLAINLY—USING 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 3729 Windsor Pl. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3729 Windsor Pl. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME THOMAS GREEN
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male 2
5. Color or race C
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Pauline
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 25 1853
(Month) (Day) (Year)
8. AGE: Years 94 Months 3 Days 14 If less than one day hr. min.
9. Birthplace Unknown Virginia /
(City, town, or county) (State or foreign country)
10. Usual occupation Retired janitor
11. Industry or business --
FATHER 12. Name Geo. Staples
13. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary unknown
15. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)
16. (a) Informant Helen Richardson
(b) Address 3729 Windsor Pl.
17. (a) Removal (b) Date thereof 2-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Slater, Mo.
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.
19. (a) FEB 11 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 9
year 1948 hour 1 minute A M.
21. I hereby certify that I attended the deceased from 28 Jan. 1948, to 19..;
that I last saw alive on 8 Feb 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	10 d
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic myocarditis	unk.

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) 0
While at work? (e) Means of injury
23. Signature M. A. Newell (M. D. or other) MD
Address 3524 Franklin Ave. Date signed

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 Guy Shelton Registered Apprentice No. 3 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.