

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
In this community 40 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME GREEN, Lee Roy
3. (b) If veteran, name war WW-I
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Green
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased: January 16, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 7 26 hr. min.

9. Birthplace: Lake Village, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business -

MOTHER FATHER
12. Name Tomer Green
13. Birthplace Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Dora Brown
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, VAH

(b) Address Jefferson Barracks,

17. (a) Burial (b) Date thereof 9-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director Nash Funeral Home, Inc.

(b) Address 111 No. 13th St., E. St. Louis, Ills.

19. (a) 9-16-48 (b) Gene Sharp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Saint Clair
(c) City or town E. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1539 S. 19th Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12
year 1948 hour 10:10 minute 8 A. M.

21. I hereby certify that I attended the deceased from September 2, 1948 to September 12, 1948
that I last saw him alive on September 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC DECOMPENSATION Duration Unk

Contributory Cause: UREMIA Unk

Due to -

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

Major findings: Of operations none

Of autopsy Autopsy performed (see cause of death)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? L.E. Stilwell

Signature L.E. STILLWELL (M. D. or D.O.)

Address VAH, Jeff. Brks., Mo. Date signed 9/13/48

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..... *Carl Nash*

Licensed Embalmer No. *2432*

P. O. Address *3847 (Page 13/21)*

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.