

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17296  
4185  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

21

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY 11		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 38 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 15		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3218 Bell Ave		d. STREET ADDRESS (If rural, give location) 3218 Bell Ave				
3. NAME OF DECEASED (Type or Print) Genevive		a. (First)		b. (Middle) Green		
c. (Last)		4. DATE OF DEATH May 8, 1949		(Month) (Day) (Year)		
5. SEX Fem	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 28, 1893	9. AGE (in years last birthday) 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cairo, Ill	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Freeman Flenoi		13b. MOTHER'S MAIDEN NAME Elizabeth Johnson		14. NAME OF HUSBAND OR WIFE Dennis Green		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-06-9344		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Flora Johnson, 4546 Mrs. Miller		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) - Coronary Occlusion  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above-cause (a) stating the underlying cause last. DUE TO (b) Hypertension  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 94a		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 11201		
22. I hereby certify that I attended the deceased from Jan 1, 1949, to May 8, 1949, that I last saw the deceased alive on May 8, 1949, and that death occurred at 4:40 p.m., from the causes and on the date stated above.						
23a. SIGNATURE W. J. [Signature]		23b. ADDRESS 2357 Market		23c. DATE SIGNED 5/9/49		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE May 10, 1949		24c. NAME OF CEMETERY OR CREMATORY Washington Park		
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo		DATE REC'D BY LOCAL HEALTH DEPT. MAY 10 1949		REGISTRAR'S SIGNATURE J. B. Luster		
25. FUNERAL DIRECTOR'S SIGNATURE R. M. L. Green		ADDRESS 3517 Lackde				

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**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 \_\_\_\_\_

..... Student Embalmer No. ....

working under my personal supervision.

Signed

*Melvin E. Green*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4428*

P. O. Address *St. Louis, Mo.*

**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.