S. No. 300
V. 10.48

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3212

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 00026

1. PLACE OF DEATH
a. COUNTY St Louis County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton
c. LENGTH OF STAY (in this place) 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Beachwood Park
d. STREET ADDRESS (If rural, give location) 311 York Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) PAULINE
b. (Middle)
c. (Last) GREEN

4. DATE OF DEATH (Month) (Day) (Year) 1-2-1950

5. SEX female 3

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Aug. 23, 1906

9. AGE (In years last birthday) 43 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Jonesburg Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Davis

13b. MOTHER'S MAIDEN NAME Addie Getter

14. NAME OF HUSBAND OR WIFE Ernst Green 1321 Whittier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Ernst Green — **ADDRESS** 1321 N. Whittier

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetes Mellitus

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Thrombophlebitis Left Leg — 260X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 260 X

20. AUTOPSY? YES [X] NO [ ]

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-15, 1949, *to* 1-2, 1950, *that I last saw the deceased alive on* 1-2, 1950, *and that death occurred at* 8:05 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Albert Schii (Degree or title) MD

23b. ADDRESS 601 Brentwood Clayton

23c. DATE SIGNED 1-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 1/6/50

24c. NAME OF CEMETERY OR CREMATORY St Peter

24d. LOCATION (City, town, or county) (State) Kirkwood Mo

DATE REC'D BY LOCAL REG. 1-5-50

REGISTRAR'S SIGNATURE Herbert R. Adams, MD (H)

25. FUNERAL DIRECTOR'S SIGNATURE Herman J. Gauch — **ADDRESS** 4247 Col.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4341

P. O. Address 1907 Grande

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.