

FILED FEB 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 2561
370
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 3 dys.		c. CITY (If outside corporate limits, write RURAL and give township) University City		4356	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital				d. STREET ADDRESS (If rural, give location) 7306 Drexel			
3. NAME OF DECEASED (Type or Print) a. (First) Bess		b. (Middle) _____		c. (Last) Green		4. DATE OF DEATH (Month) (Day) (Year) 1 / 12 / 51	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 20, 1893	
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Employee		10b. KIND OF BUSINESS OR INDUSTRY Unk.		11. BIRTHPLACE (State or foreign country) Omaha, Nebraska	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Employee		10b. KIND OF BUSINESS OR INDUSTRY Unk.		11. BIRTHPLACE (State or foreign country) Omaha, Nebraska		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas Catlin			13b. MOTHER'S MAIDEN NAME Hattie Bellman			14. NAME OF HUSBAND OR WIFE Herman 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. 494-20-3355		17. INFORMANT'S SIGNATURE OR NAME Herman Green		ADDRESS 7306 Drexel	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Carcinoma DUE TO (c) Adenocarcinoma uterus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 hours 6 mos.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 174X			
22. I hereby certify that I attended the deceased from May 21, 1940 , to 1/12, 1951 , that I last saw the deceased alive on 1/12, 1951 , and that death occurred at 2:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE D. J. Mistachkin MD				23b. ADDRESS 3903 Olive		23c. DATE SIGNED 1/13/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/14/1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Hebrew		24d. LOCATION (City, town, or county) (State) University City, Mo	
DATE REC'D BY LOCAL REG. JAN 14 1951		REGISTRAR'S SIGNATURE J. B. Roster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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

Mil

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....
Licensed Embalmer No. *4359*

P. O. Address.....

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.