

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10147
2495

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1004 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>	
1. STREET ADDRESS		(If rural, give location) <u>4222 West Labadie Avenue</u>	

3. NAME OF DECEASED (Type or Print) <u>Alice</u>	a. (First)	b. (Middle)	c. (Last) <u>Green</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 14 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 26, 1900</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 15 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Public Schools</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William M. Green</u>	13b. MOTHER'S MAIDEN NAME <u>Ora M. Beck</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. M. Green</u>	ADDRESS <u>4222 W. Labadie Ave.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Appendicitis, perforated, with Generalized Peritonitis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Undetermined</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <u>Diabetes Mellitus; Chronic Glomerulonephritis</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Hypostatic Pneumonia</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>550.1</u>
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22. I hereby certify that I attended the deceased from 3-10, 1951, to 3-14, 1951, that I last saw the deceased alive on 3-14, 1951, and that death occurred at 3:50a m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Montague Lawrence, M.D.</u>	23b. ADDRESS <u>2601 N Whittier St</u>	23c. DATE SIGNED <u>3-15-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/20/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wash. Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>MAR 16 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Sauer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. J. Gates</u>	ADDRESS <u>4107 Finney Avenue</u>
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WRITE PLAINLY—USING UNFADEING 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

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.