5. No. 300
v. 10.48

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

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18996

BIRTH NO. _____ REG. DIST. NO. 3.7 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2102

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Affton
c. LENGTH OF STAY (In this place) 4 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 8217 Aroma Dr

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) Affton
d. STREET ADDRESS (If rural, give location) 8217 Aroma Dr

3. NAME OF DECEASED (Type or Print)
a. (First) Iefa
b. (Middle) T
c. (Last) Green

4. DATE OF DEATH (Month) 5 (Day) 7 (Year) 51

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 9-19-1887
9. AGE (In years last birthday) 63
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nursing
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Lincoln County Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Handy Green
13b. MOTHER'S MAIDEN NAME Emma Rinamm
14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Violet Poindexter **ADDRESS** 8217 Aroma Dr

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) Myocarditis, Chronic — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Congestion + pneumonia — 3 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 422.1
20. AUTOPSY? YES ☐ 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* April 15, 1951, *to* 5-7, 1951, *that I last saw the deceased alive on* 5-6, 1951, *and that death occurred at* 1:25 A m., *from the causes and on the date stated above.*

23a. SIGNATURE M. R. Wilucki (Degree or title) MD
23b. ADDRESS 5042 a Gravois
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 5-7-1951
24c. NAME OF CEMETERY ~~OR CREMATORY~~ Nillwood Cem.
24d. LOCATION (City, town, or county) Wellsville (State) Mo

DATE REC'D BY LOCAL REG. 5/8/59
REGISTRAR'S SIGNATURE Herbert R Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.
ADDRESS 7 Manchester Ave. St. Louis 10, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 9 1958

MAY 31 1952

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 Peter Dubroullet

Signed.....
Student Embalmer

Licensed Embalmer No. 3691

P. O. Address [illegible]

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.