

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 29 1951

State File No. **21234**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003** Registrar's No. **5513**

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 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 township) OR TOWN St. Louis, Mo. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| c. LENGTH OF STAY (In this place) | | 2159 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3230a Liberty St. | | d. STREET ADDRESS (If rural, give location) 3230a Liberty St. | |

| | | | | |
|--|---------------------------|--------------------------|-----------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) John W. | b. (Middle) Green | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) June 18, 1951 |
|--|---------------------------|--------------------------|-----------|--|

| | | | | | | |
|-----------------------|----------------------------------|--|--|--|--------------------------------|-------------------------------|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH July 30, 1873 | 9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months Days | IF UNDER 2 HRS. Hours Min. |
|-----------------------|----------------------------------|--|--|--|--------------------------------|-------------------------------|

| | | | |
|---|-----------------------------------|--|-----------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. 5 yrs. maintenance | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY |
|---|-----------------------------------|--|-----------------------------|

| | | |
|--|---|---|
| 13a. FATHER'S NAME Wm. Green | 13b. MOTHER'S MAIDEN NAME Martha Watson | 14. NAME OF HUSBAND OR WIFE Mary L. 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. no | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Green | ADDRESS 3230a Liberty St. |
|---|--------------------------------------|---|-------------------------------------|

| | | | |
|---|---|--|--|
| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 10 mo |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis, Chronic | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | 2 years |

| | | |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? H22, 2 |
|--|--|---|

22. I hereby certify that I attended the deceased from **May 17, 1951**, to **June 14, 1951**, that I last saw the deceased alive on **June 14, 1951**, and that death occurred at **62** m., from the causes and on the date stated above.

| | | | |
|--|----------------------------------|-----------------------------------|------------------------------------|
| 23a. SIGNATURE M. D. Olschendorf | (Degree or title) M.D. | 23b. ADDRESS 3903 Olive | 23c. DATE SIGNED 6/18/51 |
|--|----------------------------------|-----------------------------------|------------------------------------|

| | | | |
|--|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6-20-51 | 24c. NAME OF CEMETERY OR CREMATORY Parklawn Cem. | 24d. LOCATION (City, town, or county) (State) Lemay Missouri |
|--|-----------------------------|--|--|

| | | | |
|--|--|--|--------------------------------------|
| DATE REC'D BY LOCAL REG. JUN 18 1951 | REGISTRAR'S SIGNATURE J. B. Lassiter | 25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home | ADDRESS 6322 S. Grand Blvd |
|--|--|--|--------------------------------------|

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 *David Van Fossan*

Licensed Embalmer No. *4242*

P. O. Address *6322 So. Grand*

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.