

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24646

State File No. ....

318

1003

6039

Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. 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, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u>	
c. LENGTH OF STAY (In this city or town) <u>3 yrs 7mo.</u>		d. STREET ADDRESS (If rural, give location) <u>5800 Arsenal St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY INFIRMARY</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>		b. (Middle) <u>L.</u>	
c. (Last) <u>GREEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-3-51</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SEP-</u>	8. DATE OF BIRTH <u>March 4, 1866.</u>
9. AGE (In years) (Month) (Day) (Hours) (Min.) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
11. BIRTHPLACE (State or foreign country) <u>Sturgis, Michigan</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Leonard Green</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie</u>	
14. NAME OF HUSBAND OR WIFE <u>Susan Colgrove--Detroit.</u>		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 ADDRESS <u>City Infirmary Records, 5800 Arsenal St.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>H200</u>

22. I hereby certify that I attended the deceased from Oct 18, 1945, to July 3, 1951, that I last saw the deceased alive on July 3, 1951, and that death occurred at 7:20 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Palmer Duane Bowditch M.D.</u>	23b. ADDRESS <u>5800 Arsenal St.,</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7-6-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Blanton</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cullen &amp; Kelly 4386 Fendell</u>
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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 \_\_\_\_\_

*NOT Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*James A. Lammers*

Licensed Embalmer No. *4142*

P. O. Address *St Louis Mo*

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.