

FILED NOV 8 1951

STANDARD CERTIFICATE OF DEATH

318 1003 State File No. 35088
9392
Registrar's No. 9392

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St Louis**
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **3651 Bellerive**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo**
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St Louis**
d. STREET ADDRESS (If rural, give location) **3651 Bellerive**

3. NAME OF DECEASED
a. (First) **Paul** b. (Middle) **William** c. (Last) **Green**
4. DATE OF DEATH (Month) (Day) (Year) **Oct. 23, 1951**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**
8. DATE OF BIRTH **Jan 1, 1903** 9. AGE (In years last birthday) **48** 10. MONTHS **0** 11. DAYS **0** 12. HOURS **0** 13. MIN. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Gen'l Contractor**
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) **St Louis, Mo.**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **William Green** 13b. MOTHER'S MAIDEN NAME **Lucae** 14. NAME OF HUSBAND OR WIFE **Elizabeth Green**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) _____
16. SOCIAL SECURITY # **493-07-9764**
17. INFORMANT'S SIGNATURE OR NAME **Elizabeth Green** ADDRESS **3651 Bellerive**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of Lung**
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.
19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____
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) _____ 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 **Mar 12, 1951**, to **Oct 23, 1951**, that I last saw the deceased alive on **Oct 23, 1951**, and that death occurred at **4:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **John R. ...** (Degree or title) _____ 23b. ADDRESS **...** 23c. DATE SIGNED **10/23/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE **10/25/51** 24c. NAME OF CEMETERY OR CREMATORY **N St Marcus Cemetery** 24d. LOCATION (City, town, or county) (State) **St Louis County, Mo.**

DATE REC'D BY LOCAL REG. **OCT 24 1951** REGISTRAR'S SIGNATURE **John ...** 25. FUNERAL DIRECTOR'S SIGNATURE **L Ziegenhein & Sons** ADDRESS **7027 Gravois**

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 _____

working under my personal supervision.

Student embalmer No.

Signed

W. G. Peterson

Signed
Student Embalmer

Licensed Embalmer No. *3767*

P. O. Address *7027 Gravois*

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.