

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2846

State File No.

FILED JAN 26 1952

318

0276

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

1. PLACE OF DEATH a. COUNTY HOMER G. PHILLIPS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY ST LOUIS	
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 MO	
c. LENGTH OF STAY (in this place) 7 days		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G. PHILLIPS		2. STREET ADDRESS (If rural, give location) 3113 PINE ST	

3. NAME OF DECEASED a. (First) FELIX b. (Middle) _____ c. (Last) GREEN			4. DATE OF DEATH (Month) (Day) (Year) JAN 7 51	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 26 JULY 1912	9. AGE (In years last birthday) 39
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		11. BIRTHPLACE (State or foreign country) PINE BLUFF ARKANSAS
12. CITIZEN OF WHAT COUNTRY USA				

13a. FATHER'S NAME John Green	13b. MOTHER'S MAIDEN NAME Saphrona Green	14. NAME OF HUSBAND OR WIFE GARRIE MAY GREEN
--------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) NO (If yes, give war or dates of service) WW-2, 9/1/42-4/31/45	16. SOCIAL SECURITY NO. 4319 A 6440 12 1154	17. INFORMANT'S SIGNATURE OR NAME Carrie May Green ADDRESS 3113 Pine
---	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema;		INTERVAL BETWEEN ONSET AND DEATH
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2° and 3° burns of right leg. DUE TO (c) Suffered an 8 au 1st exact time unknown		
	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 Cause and manner of death same could not be determined	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	--

21a. ACCIDENT OR SUICIDE OR HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 000 (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 29169
--	--	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Robert E. Taylor (Degree or title)	23b. ADDRESS 1306 Olive St	23c. DATE SIGNED 1/10/52
--	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 18 1952	24c. NAME OF CEMETERY OR CREMATORY JEFF BKS NAT'L CEMETERY	24d. LOCATION (City, town, or county) (State) ST LOUIS MO
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. JAN 10 1952	REGISTRAR'S SIGNATURE Earl Smith - M R	25. FUNERAL DIRECTOR'S SIGNATURE Theodore J. Vandee ADDRESS 1306 Olive St
---	---	---

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

1900-1901

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 *Theodore J. Yandell*

Signed.....
Student Embalmer

Licensed Embalmer No. *4243*

P. O. Address *130 E. Eldridge
Webster, 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.