

STANDARD CERTIFICATE OF DEATH 1003

State File No. 1134

FILED FEB 27 1952

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1134

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> 2219	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>2308<sup>a</sup> Sheridan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2308<sup>a</sup> Sheridan</u>			

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>ALICE GREEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 1 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>June 4 - 1900</u>		9. AGE (In years last birthday) <u>51</u>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hand Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trust</u>		11. BIRTHPLACE (State or foreign country) <u>1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Henry Rose</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie</u>	
14. NAME OF HUSBAND OR WIFE <u>Dave Green Sheridan</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Dave Green</u>		17. ADDRESS <u>2308<sup>a</sup> Sheridan</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Myocardial Infarct					
ANTECEDENT CAUSES		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b)		Myocardial Insufficiency					
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 <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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>H2O1</u>			

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 6:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Patrick E. Taylor, M.D., M.P.H.</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>2.5.52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb - 7 - 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis County MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Hatcher</u>		25. ADDRESS <u>2769 Chouteau</u>	

DATE REC'D BY LOCAL <u>FEB 5 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D., M.P.H.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Hatcher</u>		25. ADDRESS <u>2769 Chouteau</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 \_\_\_\_\_

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

working under my personal supervision.

Student .....

Student Embalmer

Signed \_\_\_\_\_

*J. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

**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.