

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29517

State File No. ....

FILED SEP 3- 1952

318

1003

7962

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 Missouri b. COUNTY 2039			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, 0		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, 0			
d. TOWN				d. STREET ADDRESS (If rural, give location) 2324 Esther			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				3			
3. NAME OF DECEASED (Type or Print)		a. (First) ALANZO		b. (Middle)		c. (Last) GREEN	
4. DATE OF DEATH		5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, <del>MARRIED</del> DIVORCED (Specify)	
Aug. 21, 1952						8. DATE OF BIRTH Mar. 10, 1902	
						9. AGE (In years last birthday) 50	
						10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	
						11. BIRTHPLACE (City and State or Foreign Country) Missouri 0	
						12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY LaRomo Cafe		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Ira L Green		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Hilda Green			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hilda Green, 2324 Ester Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)					
		ANTECEDENT CAUSES					
		DUE TO (b) Coronary Arteriosclerosis					
		DUE TO (c) Chronic Bright's Disease					
		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 592X			
22. I hereby certify that I attended the deceased from 3 1952, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:50 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Patrick Taylor Currier				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8. 22. 52	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)		24b. DATE Aug. 25, 52		24c. NAME OF CEMETERY OR CREMATORY Park Lawn		24d. LOCATION (City, town, or county) (State) Lemay, 23, Mo.	
DATE REC'D BY LOCAL REG. AUG 22 1952		REGISTRAR'S SIGNATURE J. Carl Smith MA		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und. Co. 7420 Michigan Ave.			

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

(Licensed Embalmer's Statement on Reverse Side)

**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 M. W. Rutes

Licensed Embalmer No. 4865

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.