

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **43450**  
Registrar's No. **11555**

FILED JAN 10 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2119			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>4133 A Fairfax</b>					
3. NAME OF DECEASED (Type or Print)			a. (First) <b>Edward</b>	b. (Middle)	c. (Last) <b>Green</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 11 1952</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>July 14, 1905</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>47</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>			
13a. FATHER'S NAME <b>Sam Green</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret McGuire</b>			14. NAME OF HUSBAND OR WIFE <b>Not known</b>			
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 <b>Hospital Record</b>		ADDRESS			
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, asthenia, 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) <b>Pyelonephritis</b>				DUPLICATE				<b>Undet.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prostatic Evolution</b>									
DUE TO (c)									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive Cardiovascular Disease</b>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION.						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>6000</b>					
22. I hereby certify that I attended the deceased from <b>12-3</b> , 19 <b>52</b> , to <b>12-11</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>12-11</b> , 19 <b>52</b> , and that death occurred at <b>9:40a</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Edward B. Williams</b>				23b. ADDRESS <b>2601 N Whittier St</b>		23c. DATE SIGNED <b>12-11-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Dec 18/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Co, MO</b>			
DATE REC'D BY LOCAL REG. <b>DEC 16 1952</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>			25. EMBALMER'S SIGNATURE <b>F. C. Heen 4214 Delmar</b>				

G.P. (Licensed Embalmer's Statement on Reverse Side)

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 *F. A. Green*

Licensed Embalmer No. 2963

P. O. Address 4714 Delmar

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.