

FILED JAN 10 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43451  
State File No. 11386  
1003 Registrar's No.

|   |                    |   |   |   |
|---|--------------------|---|---|---|
| BIRTH NO.   |                    | REG. DIST. NO. 318  | PRIMARY REG. DIST. NO. 1003   | Registrar's No. 11386   |
| 1. PLACE OF DEATH<br>a. COUNTRY   |                    | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri<br>b. COUNTY  |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN ST. LOUIS   |                    | c. LENGTH OF STAY (in this place)<br>c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN St. Louis 2059   |   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, institution, give street address or location)<br>Mo. Pac. Hospital   |                    | d. STREET ADDRESS (If rural, give location)<br>5 5896 Delmar Blvd.  |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) William<br>b. (Middle) Arnold<br>c. (Last) Green  |                    | 4. DATE OF DEATH (Month) (Day) (Year)<br>12 9 1952  |   |   |
| 5. SEX Male   | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  | 8. DATE OF BIRTH Feb. 12 1877   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired)<br>Clerk   |                    | 10b. KIND OF BUSINESS OR INDUSTRY<br>RAILROAD   | 11. BIRTHPLACE (City and State or Foreign Country)<br>NEWARK N.J.         | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |
| 13a. FATHER'S NAME UNKNOWN  |                    | 13b. MOTHER'S MAIDEN NAME UNKNOWN   | 14. NAME OF HUSBAND OR WIFE Ethel GREEN                                   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN   |                    | 16. SOCIAL SECURITY NO. UNKNOWN   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>MRS. ETHEL GREEN 5896 DELMAR |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |                    | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) acute hepatitis<br>DUE TO (c) Acute coronary thrombosis?<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   | INTERVAL BETWEEN ONSET AND DEATH  |
| 19a. DATE OF OPERATION  |                    | 19b. MAJOR FINDINGS OF OPERATION  |   | 20. AUTOPSY?<br>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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 21f. HOW DID INJURY OCCUR<br>590X   |   |
| 22. I hereby certify that I attended the deceased from Dec. 6, 1952 to Dec. 8, 1952, that I last saw the deceased alive on Dec. 8, 1952 and that death occurred at 4:55 p.m., from the causes and on the date stated above.   |                    |   |   |   |
| 23a. SIGNATURE (Degree or title)<br>Dr. Paul Smith  |                    | 23b. ADDRESS<br>Mo. Pac. Hosp.  | 23c. DATE SIGNED<br>12-10   |   |
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify)<br>REMOVAL   |                    | 24b. DATE<br>12-11-52   | 24c. NAME OF CEMETERY OR CREMATORY<br>CHESER-SHEL-EMETH                   | 24d. LOCATION (City, town, or county) (State)<br>ST. LOUIS COUNTY                   |
| DATE REC'D BY LOCAL REG.<br>DEC 10 1952   |                    | REGISTRAR'S SIGNATURE<br>Paul Smith   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br>Norman Rieder 5216 Delmar Blvd.         |

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 John Ketter  
Licensed Embalmer No. 3880

P. O. Address \_\_\_\_\_

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.