

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44849

State File No.

12101

FILED JAN 26 1953

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 12101	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) D.O.A.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2099		
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If rural, give location) 9 5205 Blair Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) Elizabeth	b. (Middle) Theresa	c. (Last) Green	
4. DATE OF DEATH		(Month) (Day) (Year) December 30 1952.			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH October 15, 1890	9. AGE (In years last birthday) 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Matron		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Screw Co.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles McIntyre		13b. MOTHER'S MAIDEN NAME Elizabeth Dundon		14. NAME OF HUSBAND OR WIFE deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Charles Green 5205 Blair Ave.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>(This does not mean the manner of dying, such as heart failure, asthma, etc., means the disease, injury, or complication which caused death.)</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Pulmonary Embolism DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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 465x		
22. I hereby certify that I attended the deceased from <u>19</u> to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>1:35 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Design or title) Charles E. Smith		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1/2/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-2-53.	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
DATE REC'D BY LOCAL REG. JAN 2 1953		REGISTRAR'S SIGNATURE Charles E. Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.	

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 E. J. & Mary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 44849

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 12101

On this _____ day of _____, 194____, before me appears _____

_____, who, upon _____ oath, states that the original record of ^{birth} death
for Elizabeth Theresa Green died 12-30-1952, 19____, in the State of

Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 4 should read 12-30-1952

Instead of _____ 12-31-1952

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief Joseph M. Quinn Dep.

(SEAL) Affiant _____ Relationship. Coroner

1300 Clark
Present Address.

Subscribed and sworn to before me this 15 day of Jan, 1953

My Commission expires 3-4-53 Clara C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

