

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33298

9176

State File No.

Registrar's No.

FILED OCT 15 1953

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <i>Missouri</i> d. COUNTY					
b. CITY OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>9/9</i>			
c. LENGTH OF STAY (in this place) <i>3 days</i>		e. STREET ADDRESS (If rural, give location) <i>3650 Cook Avenue</i>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Tomer D. Phillips</i>		f. STREET ADDRESS (If rural, give location) <i>2110</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>Jerry</i> b. (Middle) <i>Thomas</i> c. (Last) <i>Green</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>9-20-53</i>				
5. SEX <i>M</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Dec. 14, 1914</i>	9. AGE (In years last birthday) <i>38</i>	10. MONTHS <i>10</i> DAYS <i>9</i>		
10a. USUAL OCCUPATION (Give kind of work, if starting most of working life, even if retired) <i>Cover Maker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Ill. Central R.R.</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Friendship, Tenn.</i>			
12. CITIZEN OF WHAT COUNTRY?							
13a. FATHER'S NAME <i>Gar Green</i>		13b. MOTHER'S MAIDEN NAME <i>Willie Davis</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Willie Payne 3650 Cook</i>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>1. Fracture of skull; 2. Brain injuries suffered when struck by automobile car driven by unknown</i> DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</i> DUE TO (c) <i>driver at intersection of Spring & Easton Aves. about 1:00 p.m. Sept. 17, 1953.</i> II. OTHER SIGNIFICANT CONDITIONS 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 <i>Homicide</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Homicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>street</i>		21c. (CITY-TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo.</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>9/17/53 1:00A.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>See above</i> <i>E8124</i>			
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 <i>9:40A.m.</i> , from the causes and on the date stated above. <i>25</i>							
23a. SIGNATURE (Degree or title) <i>Frank J. Laylu Corum</i>			23b. ADDRESS <i>3rd Clark</i>		23c. DATE SIGNED <i>9/23/53</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>9-26-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>			
24d. LOCATION (City, town, or county) (State) <i>St. Louis County</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>E. B. Koonce, 1221 N. Grand</i>					
DATE REC'D BY LOCAL REG. <i>SEP 23 1953</i>		REGISTRAR'S SIGNATURE <i>J. C. Smith</i>					

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.....
Signature of Student Embalmer

Signed *Guypore Swan*.....
Licensed Embalmer No. *4580*.....

P. O. Address *521 N. Grand*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.