

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41457  
State File No. ....

FILED NOV 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2901

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township). <u>Kirkwood 17683</u>	
c. LENGTH OF STAY (in this place) <u>5 Hrs</u>		d. STREET ADDRESS (If rural, give location) <u>417 W. Jefferson Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Louis County Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nathan</u>	b. (Middle)	c. (Last) <u>Green</u>	4. DATE OF DEATH	(Month) <u>11</u>	(Day) <u>4</u>	(Year) <u>53</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>July 15, 1880</u>	9. AGE (In years last birthday)	<u>73</u>	10. UNDER 1 YEAR Months <u>3</u> Days <u>19</u>	11. UNDER 24 HRS. Hours <u>19</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Labor - FACTORY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Market Ala.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Hawkin Green</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>495-28-4505</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Green</u>	ADDRESS <u>Daisy Town Pa.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: <u>4200</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 11-4-53, 1953, to 11-4, 1953, that I last saw the deceased alive on 11-4-53, 1953, and that death occurred at 5:47 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard E. Condit, M.D.</u>	23b. ADDRESS <u>601 So. Brentwood</u>	23c. DATE SIGNED <u>11-4-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 11, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Quinette Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkwood St. Louis Co. MO.</u>
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DATE REC'D BY LOCAL REG. <u>11-10-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombk, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. Hemphill</u>	ADDRESS <u>408 S. Fillmore</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 15 1956

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 \_\_\_\_\_

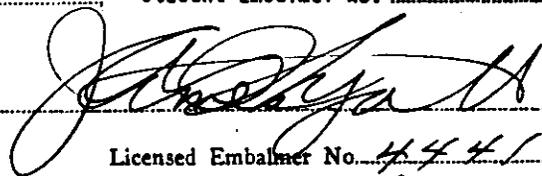
Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed



Licensed Embalmer No. 4441

P. O. Address 408 S. Fillmore

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.