

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2830**
Registrar's No. **0821**

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2217	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G Phillips Hospital		e. STREET ADDRESS (If rural, give location) 21 2922 Delmar	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Charles	b. (Middle) F.	c. (Last) Green	(Month) Jan.	(Day) 22	(Year) 1954
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6/2/1892	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Edwardsville, Ill.	
13a. FATHER'S NAME Felix Green			13b. MOTHER'S MAIDEN NAME Maggie Bryant		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I.		16. SOCIAL SECURITY NO. 354-05-9014		17. INFORMANT'S SIGNATURE OR NAME ADDRESS R. M. C. Green, 4060 Washington	

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) Hypertensive Heart Disease with congestive failure		DUE TO (b) Organic Brain Disease			Undet.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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) 443X	
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?	

22. I hereby certify that I attended the deceased from **5-26-** **1949**, to **1-22**, **1954**, that I last saw the deceased alive on **1-22**, **1954**, and that death occurred at **1:45p** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. J. Green M. D.		23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 1-23-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/27/54		24c. NAME OF CEMETERY OR CREMATORY National Cem.	
24d. LOCATION (City, town, or county) (State) Jeff. BKS, NFB		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Carl Smith M.D. R.M.C. Green, 4060 Washington			

DATE REC'D BY LOCAL REG. **JAN 26 1954**
REGISTRAR'S SIGNATURE
mdb (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10581
[App. 2]

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..... *James P. Carter*

Licensed Embalmer No. *466*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.