

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23795**  
**6127**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS</b>		a. STATE <b>MISSOURI</b> b. COUNTY <b>2239</b>	
c. LENGTH OF STAY (if in place) <b>16 Days</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>23</b>		(If rural, give location) <b>2708 Armand</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WILLIAM</b>	b. (Middle) <b>EUGENE</b>	c. (Last) <b>GREEN</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>JULY 14 1955</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>8-18-1907</b>	9. AGE (In years last birthday) <b>47</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	--	-----------------------------------	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chauffeur</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Davisville, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	--	--

13a. FATHER'S NAME <b>Wesley Green</b>	13b. MOTHER'S MAIDEN NAME <b>Belle Yawberry</b>	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) <b>No</b>	16. SOCIAL SECURITY <b>494-38 9629</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lee W. Green, 32 Oakwood Lane, (23)</b>	ADDRESS
--	--	--	---------

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) <b>Multi-ple Myeloma</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>203x</b>
--	--	--

22. I hereby certify that I attended the deceased from **6-28-55**, 19\_\_\_, to **7-14-55**, 19\_\_\_, that I last saw the deceased alive on **7-14-55**, 19\_\_\_, and that death occurred at **3:02P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Carl R. Bauer MD.</b>	23b. ADDRESS <b>1515 Lafayette Avenue</b>	23c. DATE SIGNED <b>7-15-55</b>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-16-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Ceme.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. <b>JUL 15 1955</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>McLaughlin F.H., Inc.</b>	ADDRESS <b>2301 Lafayette</b>
---	--	---	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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 *H. G. Farris*.....

Licensed Embalmer No. *33*

P. O. Address *St. Louis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.