

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37484**
Registrar's No. **9989**

FILED NOV 1 1957

318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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) _____

c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **St. Mary's Infirmary** 261

e. STREET ADDRESS (If rural, give location) **5606 A. Easton Avenue**

3. NAME OF DECEASED a. (First) **Joseph** b. (Middle) **Joe** c. (Last) **Green**

4. DATE OF DEATH (Month) (Day) (Year) **10 21 57**

5. SEX **Male** 6. COLOR OR RACE **Colored** 7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **9-8-1898** 9. AGE (In years last birthday) **59** IF UNDER 1 YEAR Months **1** IF UNDER 24 HRS. Days **13** Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Foundry Worker**

10b. KIND OF BUSINESS OR INDUSTRY **None**

11. BIRTHPLACE (City and State or Foreign Country) **North Carolina**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Junio Green** 13b. MOTHER'S MAIDEN NAME **Morning Mitcholl** 14. NAME OF HUSBAND OR WIFE **Myrtle Green**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give year or dates of service) **WW I**

16. SOCIAL SECURITY NO. **?** 17. INFORMANT'S SIGNATURE OR NAME **Myrtle Green** ADDRESS **5606 A. Easton Avenue**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Left Ventricular Failure**

ANTECEDENT CAUSES (b) **Nephritis** DUE TO (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.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **600.0**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **10-18-1957** to **10-21-1957**, that I last saw the deceased alive on **10-21-1957** and that death occurred at **10:25 p.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Walter A. Younger M.D.** 23b. ADDRESS **8337 Market Street, St. Louis, Mo.** 23c. DATE SIGNED **10/23/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **10-28-57** 24c. NAME OF CEMETERY OR CREMATORY **National** 24d. LOCATION (City, town, or county) (State) **Jefferson Barracks, Missouri**

DATE REC'D BY LOCAL REG. **OCT 25 57** REGISTRAR'S SIGNATURE **Carl Smith MO** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Ellis Funeral Home, Inc. 2820 Stoddard St.**

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 Gulton E. Cushman

Licensed Embalmer No. 4198

P. O. Address St. Francis

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.