

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034269

STATE FILE NUMBER

FILED OCT 10 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9244

300
-57

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, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOMER G PHILLIPS		Length of stay in 1b 4 Yrs	d. STREET ADDRESS 5800 ARSENAL		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE LAST LEANDER ULYNEW GREEN			4. DATE OF DEATH Month Day Year 9 - 20 - 1958		
5. SEX MALE 2	6. COLOR OR RACE COL.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8/16/1891	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min. 1 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY ARMOUR PACKING CO.	11. BIRTHPLACE (City and state or country) WATERVALLEY MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ISAAC GREEN		13b. MOTHER'S MAIDEN NAME CYNTHIA McCONICO		14. NAME OF HUSBAND OR WIFE LUCY GREEN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. 327-03-2891	17. INFORMANT Clyde Toliver Address Apt. 904 2350, BIDDEL STREET		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease</i> <i>Fracture of Left Hip;</i> Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (a) DUE TO (c) <i>E 904.7 45</i>					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Suffered when deceased</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18) <i>Fell at Home Hospital on August 25, 1958.</i>			
20c. TIME OF INJURY Hour a.m. p.m. <i>8:15 AM</i>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>13 West</i>	20f. CITY, TOWN, OR LOCATION <i>St Louis Mo.</i>		COUNTY STATE
21. I attended the deceased from <i>4:30 P.</i> and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Patrik C. Taylor Coroner</i>			22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>9-26-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>9/26/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>GREENWOOD CEMSTERY</i>		23d. LOCATION (City, town, or county) / (State) <i>ST. LOUIS. MISSOURI</i>	
24. FUNERAL DIRECTOR <i>John H. Houston</i> ADDRESS <i>2812 THOMAS.</i>			25. DATE RECD. BY LOCAL REG. <i>SEP 25 '58</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith MD</i> <i>md B</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

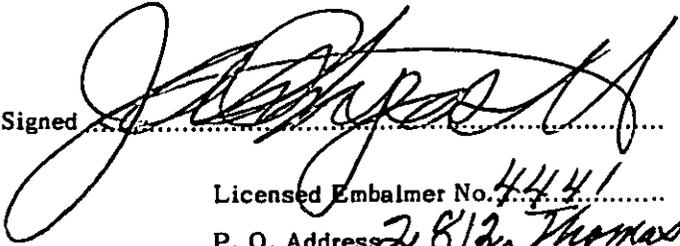
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 
Licensed Embalmer No. 4441
P. O. Address 2812 Thomas

**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.**