

PURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

50 0 4 5 4 8 4
211436
 STATE FILE NUMBER

FILED VS DEC 23 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST Louis		Length of stay in 1b ALL of LIFE	c. CITY OR TOWN ST Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOOR CITY HOSPITAL 1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 218 MARRIAN ST.
3. NAME OF DECEASED (Type or print) First MABLE Middle GREEN Last			4. DATE OF DEATH Month 12 Day 9 Year 59
5. SEX F	6. COLOR OR RACE C.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 19.12.
9. AGE (last birthday) 47	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ST Louis MO
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME JKE GREEN	
13b. MOTHER'S MAIDEN NAME UNKNOWN		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) NO	16. SOCIAL SECURITY NO.	17. INFORMANT Address OLIVER GREEN 914 N. 14 ST	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) urhoies of liver			
DUE TO (c) 581.0			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year		
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 12 50 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Joseph M. Deacon Deputy from		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 12/10/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12 12 59	23c. NAME OF CEMETERY OR CREMATORY GREENWOOD	23d. LOCATION (City, town, or county) (State) ST Louis MO
24. FUNERAL DIRECTOR ANDREW H BARKS	ADDRESS 3506 FRANKLIN	25. DATE RECD. BY LOCAL REG. DEC 10 1959	26. REGISTRAR'S SIGNATURE Paul Smith, M.D. (H.T.)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Leroy W. Sumner

Licensed Embalmer No. 4523
P. O. Address 4251 Washington

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.