MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-021632 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5723

FILED JUN 13 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY –
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hosp. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY –
c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 4803 Minnesota — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ERNEST Middle Last GREEN
4. DATE OF DEATH Month May Day 29 Year 1963
5. SEX Male
6. COLOR OR RACE White
7. Married XXX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10/16/13
9. AGE (last birthday) 49 — 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) Dock Foreman
10b. KIND OF BUSINESS OR INDUSTRY Byers Transport Co.
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Samuel Green
13b. MOTHER'S MAIDEN NAME Florence Triggs
14. NAME OF HUSBAND OR WIFE Pauline Green
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates o
16. SOCIAL SECURITY NO.
17. INFORMANT Pauline Green Address 4803 Minnesota

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 33/X

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 12:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul J. Simon (Degree or Title) Deputy Coroner
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 5/31/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 6/2/63
23c. NAME OF CEMETERY OR CREMATORY Maynard Cemetery
23d. LOCATION (City, town, or county) (State) Diehlstadt, Mo.

24. FUNERAL DIRECTOR ADDRESS Kutis Funeral Home, Inc. 2906 Gravois
25. DATE RECD. BY LOCAL REG. MAY 31 1963
REGISTRAR'S SIGNATURE Earl Smith, M.D.

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 F A Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Gravois

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.