

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037593

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9732**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 4 1963

|                |              |  |            |          |                       |                 |          |             |                   |    |               |
|----------------|--------------|--|------------|----------|-----------------------|-----------------|----------|-------------|-------------------|----|---------------|
| VS 300         | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | DOCUMENT | MEDICAL CERTIFICATION | BY AFFIDAVIT OF | ITEM NO. | SHOULD READ | TYPEWRITER RIBBON | OR | USE BLACK INK |
| Rev. 4/59      |              |  |            |          |                       |                 |          |             |                   |    |               |
| 1              |              |  |            |          |                       |                 |          |             |                   |    |               |
| 2 <b>20</b>    |              |  |            |          |                       |                 |          |             |                   |    |               |
| 3              |              |  |            |          |                       |                 |          |             |                   |    |               |
| 4 <b>0</b>     |              |  |            |          |                       |                 |          |             |                   |    |               |
| 5 <b>2</b>     |              |  |            |          |                       |                 |          |             |                   |    |               |
| 6              |              |  |            |          |                       |                 |          |             |                   |    |               |
| 7 <b>0</b>     |              |  |            |          |                       |                 |          |             |                   |    |               |
| 8 <b>2</b>     |              |  |            |          |                       |                 |          |             |                   |    |               |
| 9              |              |  |            |          |                       |                 |          |             |                   |    |               |
| 10             |              |  |            |          |                       |                 |          |             |                   |    |               |
| 11             |              |  |            |          |                       |                 |          |             |                   |    |               |
| 12 <b>90-0</b> |              |  |            |          |                       |                 |          |             |                   |    |               |
| 13             |              |  |            |          |                       |                 |          |             |                   |    |               |
| <b>90</b>      |              |  |            |          |                       |                 |          |             |                   |    |               |

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> COUNTY   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>ST LOUIS</b>   |   | c. CITY OR TOWN <b>ST LOUIS,</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>4677 POPE AVE</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>4677 POPE AVE</b>  |  |
| 3. NAME OF DECEASED<br>(Type or print)   |   | 4. DATE OF DEATH   |  |
| <b>GILBERT W. GREEN SR.</b>  |   | <b>SEPT, 28, 1963</b>  |  |
| 5. SEX<br><b>MALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>8/2/1902</b>                                    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>POSTAL CLERK</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>GOV'T</b>  | 11. BIRTHPLACE (City and state or country)<br><b>ST LOUIS MISSOURI</b> |
| 13a. FATHER'S NAME<br><b>GILBERT GREEN</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>ELIZABETH RECKERT</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |   | 17. INFORMANT<br><b>ESTHER JANKOWSKI 2038 WILBERT DR</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b>   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Sudden</b>  |  |
| DUE TO (b) <b>Arteriosclerotic Heart Disease</b>   |   | <b>13 yrs.</b>   |  |
| DUE TO (c) <b>4200</b>   |   |  |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour a.m. p.m.  | 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 <b>Feb 1950</b> to <b>Sept 28, 1963</b> and last saw him alive on <b>Sept 28, 1963</b><br>Death occurred at <b>11:30 p</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>W.C. Macdonald, M.D.</b>  |   | 22b. ADDRESS<br><b>4161 Lindell</b>  |  |
| 22c. DATE SIGNED<br><b>9-30-63</b>   |   |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   | 23b. DATE<br><b>10/2/63</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>CALVARY CEMETERY</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>ST LOUIS MO.</b>   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>STROOT - CARROLL 4600 NATURAL BRIDGE</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>SEP 30 1963</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Loan Smith, M.D.</b>                   |

Macdonald  
Je 3/87  
4/6/ Lindell  
10 till 12  
1 till 5

**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

M W Rueter

Licensed Embalmer No.

4865

P. O. Address

St Louis, Mo

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.