

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **118** Primary Registration District No. **1003** Registrar's No. **3490** **67 0016294** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 20 1967		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, MO.		Length of stay in 1b		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY HOSP. 1515 LAFAYETTE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1328 NORTH SARAH STREET	
3. NAME OF DECEASED (Type or print) First Middle Last ALVIS GREEN		4. DATE OF DEATH Month Day Year APRIL 8 1967			
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-12-1912	9. AGE (last birthday) 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) PORT GIBSON, MISS.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME ARTHUR GREEN		13b. MOTHER'S MAIDEN NAME PEARL WILLIAMS	
14. NAME OF HUSBAND OR WIFE LILLIE MAE GREEN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO NONE		16. SOCIAL SECURITY NO. 427-18-9431	
17. INFORMANT FRED GREEN		Address 3105 THOMAS 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) Leukemic cirrhosis					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) 581.1
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 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 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 1-23-67 , to 4-8-67 and last saw her/him alive on 4-8-67 Death occurred at 10:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>William G. Juergens</i>		22b. ADDRESS 1515 LAFAYETTE		22c. DATE SIGNED 4-10-67	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 4-14-1967		23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK	
23d. LOCATION (City, town, or county) ST. LOUIS COUNTY MISSOURI		23e. (State)			
24. FUNERAL DIRECTOR ELLIS FUNERAL HOME		ADDRESS 2820 STODDARD ST.		25. DATE RECD. BY LOCAL REG. APR 11 1967	
26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>					

DR. WILLIAM G. JUERGENS
USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DATE AMENDED

VS 300 Rev. 4/59

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DOCUMENT SHOULD BE AFFIDAVIT OF MEDICAL CERTIFICATION

3440

creations & services

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 R. B. Bryant

Licensed Embalmer No. 5261

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.