MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City SAINT LOUIS (No. 5716 JULIAN AVE St. ..... Ward)

File No. 25637

Registered No. 7454

2. FULL NAME DANIEL STEPHEN GREEN

(a) Residence. No. 5716 JULIAN AVE St., 6 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ANNIS L. GREEN

6. DATE OF BIRTH (MONTH, DAY AND YEAR) OCTOBER 27 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69		8	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work VICE PRESIDENT

(b) General nature of industry, business, or establishment in which employed (or employer) HENRY HEIL CHEMICAL COMPANY

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ST. CHARLES
(STATE OR COUNTRY) MISSOURI

PARENTS

10. NAME OF FATHER ADOLPHUS GREEN

11. BIRTHPLACE OF FATHER (CITY OR TOWN) AUSTRIA
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER CATHERINE SHULTZ

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) GERMANY
(STATE OR COUNTRY)

14. INFORMANT Annis L. Green
(Address) 5716 Julian ave

15. FILED JUL 19 1923 Max C Starkley
REGISTRAR

4

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Jany 1st, 1928, to July 17th, 1928, that I last saw him alive on July 17th 1928, and that death occurred, on the date stated above, at 2 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

46C Carcinoma of colon
51B and bladder
135B (duration) yrs. 6 mos. 17 ds.

CONTRIBUTORY (SECONDARY) Hemorrhage of bladder (duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes DATE OF June 6th 1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) John W. Vaughan M. D

7/18, 1928 (Address) 4900 Washington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
VALHALLA CEMETERY	7/19 1928
20. UNDERTAKER C.R. Lupton and Sons	ADDRESS 4449 Olive

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.