WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

32178

1. PLACE OF DEATH O.K. Reber

County ..... Registration District No. 791 1003

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

City St. Louis Mo. (No. 4627 Enright Ave., ... St. ..... Ward)

File No. .....

Registered No. 9480

2. FULL NAME DOROTHY GREEN

(a) Residence. No. 4627 Enright Ave. St., 12 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6/21/'24

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
4	3	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER W.E. Green

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

12. MAIDEN NAME OF MOTHER Helen Braun

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

14. INFORMANT E.H. Green
(Address) 4627 Enright Ave.

15. FILED 21 19 Maxie Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 23rd 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1928, to Sept 23, 1928, that I last saw her alive on Sept 23, 1928, and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtheria 16

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) 10

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. E. Brunser, M. D

9/24/'28 (Address) 4064 Olive.

*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: Memorial Park

DATE OF BURIAL: 9/25/'28 19

20. UNDERTAKER: Alexander & Sons

ADDRESS: 6170 Delmar