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

Do not use this space.

14535

File No. 3921

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis, Missouri (No. St. Louis Children's Hospital 500 S. Kingshighway St. ..... Ward)

2. FULL NAME Frederick Green

(a) Residence. No. 8558 Jane (Usual place of abode) Ward, St. Louis County, Mo (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 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	Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 22 1928

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	3	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Arkansas (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Elmer L. Green

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

12. MAIDEN NAME OF MOTHER Bernice Williams

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

14. INFORMANT M. Mersch (Address) 500 S. Kingshighway

15. FILED APR 21 1932 Mary R. Starcher REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-19 1932

17. I HEREBY CERTIFY, That I attended deceased from 4-18, 1932, to 4-19, 1932 that I last saw him alive on 4-19, 1932 and that death occurred, on the date stated above, at 5 15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1 Encephalitis

2 non-epidemic

3 Bronchopneumonia, acute

4 non-tuberculous (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Chicken pox. Whooping Cough (duration) ..... yrs. ..... mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED At home

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) Lawrence Goldman, M. D.

4/19/1932 (Address) St. Louis Children's Hosp.

*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
Mt Lebanon Cemetery	April 21 1932
20. UNDERTAKER	ADDRESS
Geo. L. Oleitsch Inc.	5966 Easton

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.

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

SPACE RESERVED FOR BINDING