

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

Do not use this space.

34417

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 1160  
 10 Township Centrist Primary Registration District No. 4420  
 50 City University City (No. 6600) Washington Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 6600 Washington St. Ave. Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Un known</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11/30/1845</u>		
7. AGE	YEARS	MONTHS
	<u>88</u>	<u>8</u>
		DAYS
		<u>19</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Lexington Ohio</u>	
FATHER	13. NAME <u>Merling P. Green</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wilkesburg Pa</u>	
MOTHER	15. MAIDEN NAME <u>Mary Cornwall</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Woodbury Ohio</u>	
17. INFORMANT (ADDRESS) <u>Mary C. Gray 6600 Washington Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cem.</u> DATE <u>Oct. 21 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Shepard Funeral Home 1167-69 Hamilton Ave</u>		
20. FILED <u>Oct. 21 1933</u> <u>Gene V. Moeller</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1932, 19\_\_\_\_, to Oct 19 - 1933  
 Last saw \_\_\_\_\_ alive on Oct 18 - 1933 Death is said to have occurred on the date stated above, at 2:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic interstitial nephritis Date of onset ?  
9/21  
9/1  
 Other contributory causes of importance:  
Arteriosclerosis ?

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) J. P. Myers M. D.  
 (Address) 607 St. Bernard St. St. Louis

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.

NOV 10 1933

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