

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

Do not use this space.

**1. PLACE OF DEATH**

**FEB 8 1937**

3569

96  
35  
9

County.....

Registration District No. **791**

File No. **602**

Township.....

Primary Registration District No. **1003**

Registered No. ....

City **St. Louis, Mo.** (No. **Jewish Hospital**)

St. .... Ward)

**2. FULL NAME Alex Green**

(a) Residence, No. **5000 N. Union** St. **7** Ward. **1**

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/12/37** 19**37**

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

22. I HEREBY CERTIFY, That I attended deceased from **1/6** 19**37**, to **1/12** 19**37**  
I last saw him alive on **1/12** 19**37** Death is said to have occurred on the date stated above, at **5.30 P.M.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 1, 1881**

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**55 3 11**

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Sheet metal worker**

**Broncho-pneumonia**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Wm. Wurdock Electric**

Other contributory causes of importance

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

**Chronic Bronchitis**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland**

17. INFORMANT **Wm. Wurdock** (ADDRESS) **4444 Clayton Ave.,**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **1/15/37** 19**37**

19. UNDERTAKER **Edith E. Ambuster** (ADDRESS) **4234 Manchester**

20. **JAN 14 1937** 19**37** **J. Brebeck** Registrar.

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.

12/20/1914  
Mrs. Katie Kelly.