AUG - 5 1937

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

791

Do not use this space.

25686

File No. 6660

Registered No.

**1. PLACE OF DEATH**

County

Registration District No. 1003

Township

Primary Registration District No.

City ST. LOUIS (No. PEOPLES HOSPITAL St. Ward)

**2. FULL NAME** LESSIE L. GREEN

(a) Residence, No. 2517 LACLEDE AV St. 21 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| FEM. | COL | DIVORCED |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR 31, 1892

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 45 | 3 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

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

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) ST. CHARLES, MO

FATHER

13. NAME TAYLOR REED

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER

15. MAIDEN NAME EMMA PYER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT SAMUEL REED
(ADDRESS) 4527 a GARFIELD

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE 7-19 1937

19. UNDERTAKER R.M.C. GREEN
(ADDRESS) 3717 LACLEDE AV

20. FILED JUL 13 1937 J. L. Bredeck
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-15-1937 to 7-15-1937
I last saw her alive on 7-15-1937 Death is said to have occurred on the date stated above, at 7:45 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 7/14/37 |

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis Was there an autopsy?

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.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) G. A. Gaitens, M. D.
(Address) 3200 Lucas ave

NOTE: Physical 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.