

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

Do not use this space.

AUG - 5 1937

**791
1003**

25993

1. PLACE OF DEATH

County St. Louis Registration District No. 791
 Township St. Louis Primary Registration District No. 1003
 City St. Louis (No. Homer G. Phillips Hosp.) Registered No. 7167
 St. 21 Ward

2. FULL NAME

Green (Baby)
 (a) Residence No. 10307 Leonard 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. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11-1937

7. AGE YEARS MONTHS DAYS: IF LESS than 1 day, hrs. or min.
1 0 0

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

FATHER
 13. NAME Elmer Green

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

MOTHER
 15. MAIDEN NAME Eath McAllister

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

17. INFORMANT (ADDRESS) Arthur May Shuard 2601 N. Whittier St.

18. BURIAL, CREMATION, OR REMOVAL PLACE CITY CEMETERY DATE 7-29-37

19. UNDERTAKER (ADDRESS) City Health Dept

20. FILED 28 1937 Registrar. J. H. Brebeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-11-1937 to 7-11-1937
 I last saw him alive on 7-11-1937 Death is said to have occurred on the date stated above, at 1:30 P. M.
 The principal cause of death and related causes of importance were as follows:

Prematurity

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? clinical Was there an autopsy? No

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?
 If so, specify.....
 (Signed) Thomas C. Metel M. D.
 (Address) 2601 N. Whittier St.

WRITE PLAIN 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.

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