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

42943
Do not use this space.

**1. PLACE OF DEATH**

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 11195

(c) City St. Louis (d) Street No. Accident Tower Grove & Manchester St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Harry E. Green

(a) Residence, No. 1202a Tower Grove Ave. St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1, 1896

7. AGE: YEARS 41 | MONTHS 10 | DAYS 3 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Iron worker
9. Industry or business in which work was done, as saw mill, bank, etc. 53
10. Date deceased last worked at this occupation (month and year) Dec. 1, 1937
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davisville, Mo. 1

FATHER
13. NAME Eugene W. Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton, Ill. 194 b

MOTHER
15. MAIDEN NAME Freno Gregory
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton, Ill. 2

17. INFORMANT (ADDRESS) John M Green 1202a Tower Grove Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ~~Steel~~ Davisville, Mo. DATE Dec. 7, 1937

19. FUNERAL DIRECTOR (ADDRESS) Alexander & Sons 6175 Delmar Blvd.

20. FILED DEC 6 1937 J F Bredeck Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:15 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Hemorrhage due to laceration of liver and left kidney suffered when struck by Ford Coach driven by David Webb about 11:55 P.M. Dec 4 1937 at Tower Grove and Manchester Ave.

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/4, 1937
Where did injury occur? St Louis Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury See above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Joseph M. Green, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

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**STATEMENT BY LICENSED EMBALMER**

I, Jos. E. McCulloh, Licensed Embalmer No. 2460

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. ~~or~~ by Ernst Oltman, Registered Apprentice No. ——

working under my personal supervision.

Signed Jos. E. McCulloh

Licensed Embalmer No. 2460

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for [illegible]n of license.)**