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.

FEB 12 1938

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

Do not use this space.

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1. PLACE OF DEATH
County St. Louis — Registration District No. 791 3
Township ..... Primary Registration District No. 1003 1
City ..... (No. at 3615, Forest Park Blvd. St. ..... Ward)

File No. ..... Registered No. 125

2. FULL NAME Thomas W. Green 650
(a) Residence, No. 5617 Clements Ave. St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30, 1901

7. AGE: 36 YEARS; MONTHS: 4; DAYS: 3; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Service
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

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12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 0

FATHER
13. NAME Thomas S. Green 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

MOTHER
15. MAIDEN NAME Ellen Slay
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington Va.

17. INFORMANT (ADDRESS) Mrs. Ellen Green 5617 Clements

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Jan 5 1938, 19

19. UNDERTAKER (ADDRESS) Croghan Und. Co. 7146 Manchester Ave.

20. FILED JAN 4 1938, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/2/38, 19

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 6:57 A.M. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Carbon Monoxide Poisoning, suffered when deceased attached hose to muffler of car and inserted same into Chevrolet Sedan in Public Service Garage, located at 3615 Forest Park Blvd., Jan. 2, 1938, about 6:57 A.M.

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 1/2/, 1938
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. In public place.
Manner of injury See Above.
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Joseph M. Lynch, M.D.
(Address) Deputy Coroner

This is to Certify that I have Personally
Embalmed Thomas W. Green
M. J. Crophan License No 262