

FEB 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

593
Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital

(a) County..... Registration District No..... 791
1003

(b) Township..... Primary Registration District No..... Registered No..... 449

(c) City..... St. Louis (d) Street No. 2601 N Whittier St.
Life (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 Amanda Green 650

(a) Residence, No. 4422 Maffitt, Apartment 31 St. 11 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
66 7 23

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

9. Industry or business in which work was done, as 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) Missouri 0

FATHER 13. NAME William Cooper 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia 0

MOTHER 15. MAIDEN NAME Francis Jefferson

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22 1937 to Jan. 7 1938

I last saw her alive on Jan. 7 1938. Death is said to have occurred on the date stated above, at 1:25 p.m.

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

Other contributory causes of importance:
Arteriosclerotic heart disease

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

Date of onset
12/22
37

17. INFORMANT (ADDRESS) Evelyn Hilliard
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 1-14 1938

19. FUNERAL DIRECTOR (ADDRESS) Peoples Mutual Burial Soc.
3100 Franklin Ave
J. Bredek

20. FILED JAN 14 1938 Local Registrar.

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) W. L. Lemmer, M. D.
(Address) 2601 N. Whittier

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.

STATEMENT BY LICENSED EMBALMER

Henry Goodie

Licensed Embalmer No.

3050

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

Henry Goodie

L. E.

No. *3050* or by

Registered/Apprentice No.

working under my personal supervision.

Signed

Henry Goodie

Licensed Embalmer No.

3050

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