

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

12522

Do not use this space.

3126

1. PLACE OF DEATH **Homer G. Phillips Hospital**(a) County Registration District No. **791**(b) Township Primary Registration District No. **1008**(c) City **St. Louis** (d) Street No. Registered No. St.

(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 **Linnie Green 650**(a) Residence, No. **3627a Cozens Ave** St. **11** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Walter Green**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 16th 1884**7. AGE YEARS MONTHS DAYS IF LESS than 1 day, or min. **53 8 13**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 occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Granada Miss**FATHER 13. NAME **Sam Windman**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**MOTHER 15. MAIDEN NAME **Patsey Winters**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Granada Miss**17. INFORMANT **Louise Washington**
(ADDRESS) **3627a Cozens Ave**18. BURIAL, CREMATION, OR REMOVAL **April 4th 38**
PLACE **Kosciusko Miss** DATE **4**19. FUNERAL DIRECTOR **Jas. H. Randle & Son**
(ADDRESS) **3133 Bell Avenue**20. FILED **APR 2 1938** **J.P. Budick**
(City Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 29 1938**

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 **5:00 p.m.**

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

Chronic Myocarditis.
Arteriosclerosis.Other contributory causes of importance: **PJC**

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? 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 **Alfred J. Perry** M. D.
(Signed) **Deputy coroner**

(Address)

(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.

50M-7-37
1 X12004

STATEMENT BY LICENSED EMBALMER

I, A. J. Watson, Licensed Embalmer No. 2698

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

— L. E. —

No. — or by —, Registered Apprentice No. —

working under my personal supervision.

Signed A. J. Watson
Licensed Embalmer No. 2698

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.)