REG'D APR 12 1939

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

Do not use this space.

791
1008
8760

File No.
Registered No. 2525

1. PLACE OF DEATH

County 2
Registration District No.
Township
Primary Registration District No. 1
City St Louis (No. 3301 N Brodway St. Ward)

2. FULL NAME Josephine Green

(a) Residence, No. 3301 N. Brodway St., 2 C Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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: Female
4. COLOR OR RACE: White
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) Aug 5 Th 1846

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
92 ----	7----	10 --	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
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) Mexico 3

FATHER
13. NAME Burgie Berriro 3
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico 3

MOTHER
15. MAIDEN NAME Not Knowen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

17. INFORMANT (ADDRESS) John Goetellmann 3301 N. Bradway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedence Cem. DATE March 18 1939

19. UNDERTAKER (ADDRESS) Edward Koch 3576 Y 44 St Sl

20. FILED MAR 17 1939 J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1939, to March 15, 1939
I last saw her alive on March 15, 1939. Death is said to have occurred on the date stated above, at 7 30 P.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance: Arterio Sclerosis

Name of operation — Date of —
What test confirmed diagnosis? Exam. 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? No
If so, specify
(Signed) Walter J. Mellies, M. D.
(Address) 3825 S. 20 St

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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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B. W. Finn

1591

4106 Botanical