REC'D MAY 10 1939

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

13054
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) or City Saint Louis
Registration District No. 791
Primary Registration District No. 1003
Registered No. 3396
(d) Street No. Saint Mary's Infirmary 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 Arthur Green
(a) Residence, No. 4040 Cook Avenue St. 11
(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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4th, 1888

7. AGE: Years 51 | Months 2 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Pullman Porter
9. Industry or business in which work was done, as saw mill, bank, etc. Pullman Car Co.
10. Date deceased last worked at this occupation (month and year) March 1, 1939
11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (CITY OR TOWN) Lisbon
(STATE OR COUNTRY) Louisiana

FATHER
13. NAME Robert F. Green
14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Alabama

MOTHER
15. MAIDEN NAME Sarah Jane Heard
16. BIRTHPLACE (CITY OR TOWN) Lisbon
(STATE OR COUNTRY) Louisiana

17. INFORMANT Mrs. Beatrice Green
(ADDRESS) 4040 Cook Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 4/13/39 19

19. FUNERAL DIRECTOR (NAME) Charles J. Gates
(ADDRESS) 4107-09 Finney Avenue

20. FILED APR 11 1939 J. W. Budeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10th 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-12-, 1938, to 4-10-, 1939
I last saw him alive on April 10 1939 9 19 39 Death is said to have occurred on the date stated above, at 12:05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Luetic aortitis with aortic regurgitation	not known

Other contributory causes of importance:

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

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) E. D. Thomson, M. D.
(Address) 3100 Lucas Avenue

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

X16605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by James A. Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3622

P. O. Address 4107 Finney Ave.

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

If this body is not embalmed, above space should be left blank.