REC'D JUL 12 1939

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

791
1003

20152
Do not use this space.
4996

1. PLACE OF DEATH
(a) County St. Louis. Mo. | Registration District No.
(b) Township or (c) City St. Louis-Mo. | Primary Registration District No. | Registered No.
(d) Street No. 3649 Vista Ave - Bethesda Hospital 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. 3 ds. (f) How long in U. S., if of foreign birth? 22 yrs. 6 mos. 20 ds.

2. PRINT FULL NAME Mrs. Winona Green
(a) Residence, No. Mineral Point, Mo St. NR Mineral Point Mo
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1917

7. AGE: ~~22~~ Years 21 | Months 6 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife.
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) Jefferson Co - Mo.

FATHER
13. NAME Frank Ratty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co. Mo.

MOTHER
15. MAIDEN NAME Lydia Lawson.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Husband - Jesse Green. Mineral Point. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Doe Run - Mo. DATE June 4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sparks Funeral Home Potosi Mo

20. FILED JUN 2 1939, 19.... J. B. Budek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1939 to June 1, 1939
I last saw her alive on June 1, 1939. Death is said to have occurred on the date stated above, at 8½ p m.
The principal cause of death and related causes of importance were as follows:
Puerperal Sepsis with terminal - Pneumonia septicemia
Date of Onset April 29
Other contributory causes of importance:
NS
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

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) J. L. Fonerschield M. D.
(Address) 3649 Vista

(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.

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STATEMENT BY LICENSED EMBALMER

No Embalming

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.