DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 12 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20738

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 5582

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3043 Franklin Ave 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 22 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 1 21
(If outside city or town limits, write "RURAL")

(d) Street No. 3043 Franklin Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Sarah Green 650

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F

5. Color or race C

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert M. Green

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased October (Month) 14, (Day) 1892 (Year)

8. AGE: Years 46 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Nashville, (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name King Barnes
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Frison
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Cles Willa Baker
(b) Address 3043 Franklin Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/39 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director A. M. Green
(b) Address 3517 Laclede Ave

19. (a) JUN 23 1939 (Date received local registrar) (b) J. F. Bradick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1939 hour 7 AM minute M.

21. I hereby certify that I attended the deceased from June 3, 1939 to June 21, 1939
that I last saw her alive on June 21, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Parenchymatous nephritis	about 6 mo.
Due to chr. nephritis	
Due to	
Other conditions: Aortic Regurgitation (Include pregnancy within 3 months of death)	2 yrs.

Major findings:
Of operations —
Of autopsy —

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PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature Dr. W. O. Loescher (M. D. or other)
Address 3293 S. Grand Blvd. Date signed 6/23/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

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 ME

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

working under my personal supervision.

Signed. A. Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.)

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