

JAN 12 1940

Registration District No. **701**

Primary Registration District No. _____

1. PLACE OF DEATH: **1003**

(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: **St. Luke's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME **Laura A. Green 650**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Wid.**

6. (b) Name of husband or wife **Late Louis H. Green** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **2-14-1866**
(Month) (Day) (Year)

8. AGE: Years **73** Months **9** Days **18** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)10. Usual occupation **none**

11. Industry or business _____

MOTHER FATHER

12. Name **John Chippendale**

13. Birthplace **England**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Carswell**

15. Birthplace **Scotland**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Raymond Melton**16. (b) Address **6649 Wise Ave**17. (a) **Burial** (b) Date thereof **12-5-39**
(Burial, cremation, or removal) (Month) (Day) (Year)17. (c) Place: burial or cremation **Belle Fontaine Cemetery**18. (a) Signature of funeral director **Southern Funeral Home**18. (b) Address **6322 S. Grand - East St. Louis**19. (a) **DEC 4 1939** (b) **J. F. Brudick**
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1**

(a) State **Mo.** (b) County _____

(c) City or town **St. Louis** **4**
(If outside city or town limits, write "RURAL")

(d) Street No. **6649 Wise**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **2**
year **1939** hour **9** minute **00 P.M.**21. I hereby certify that I attended the deceased from **5-23**, 19**38**, to **12-2**, 19**39**;
that I last saw her alive on **12-2**, 19**39**;
and that death occurred on the date and hour stated above.Immediate cause of death **Metastatic Carcinoma of Neck and Secondary Haemorrhage** Duration _____Due to **Carcinoma Rt. Tonsil + Pharynx** 19**33**Due to **Metastatic Carcinoma Neck Primary site Rt. Tonsil** 19**34**Other conditions (include pregnancy within 3 months of death) **45**Major findings: Of operations **Squamous Cell Carcinoma** PHYSICIAN _____Of autopsy **Metastatic Carcinoma Neck Secondary Haemorrhage of Pharynx** 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) _____ (e) Means of injury _____

23. Signature **E. L. Keys** (M. D. or other) **M.D.**Address **400 Metropolitan Building** Date signed **12-3-39**

*Dr. Hayes
Metropolitan Bldg
12-2*

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.....

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

working under my personal supervision.

Signed.....

Virgil L. Berryman

Licensed Embalmer No. *4018*

P. O. Address.....

St. Louis Mo

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.