

JAN 12 1940

Registration District No. 1003

Primary Registration District No.

Registrar's No. 10441

1. PLACE OF DEATH:

- (a) County City Hosp Mort
(b) City or town St. Louis
(c) Name of hospital or institution:
City Hosp No 1
(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 days3. (a) PRINT FULL NAME ROBERT GREEN 650

3. (b) If veteran, name war _____

3. (c) Social Security No. 499-03-88294. Sex M. 5. Color or race W6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Louise6. (c) Age of husband or wife if alive 36 years7. Birth date of deceased Nov 10 1898
(Month) (Day) (Year)8. AGE: Years 41 Months - Days 15 If less than one day _____ hr. _____ min.9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Laborer

11. Industry or business _____

12. Name G 913. Birthplace Mo. 9
(City, town, or county) (State or foreign country)14. Maiden name Roun
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Louise Green(b) Address 1420 Monreal
17. (a) Burial (b) Date thereof 11-25-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valhalla18. (a) Signature of funeral director Alexander & Son(b) Address 675 Delmar19. (a) DEC 6 1939 (b) J. F. B. B. B.
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County _____
(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")
(d) Street No. 1420 Monreal
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 15
year 1939 hour 11 minute 10 A. M.21. I hereby certify that I attended the deceased from DEC 10 1939
to NOV 15 1939, 1939, to NOV 15 1939, 1939;
that I last saw him alive on NOV 15 1939, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

CARCINOMA WITH METASTASIS
SITE OF ORIGIN NOT DETERMINED

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Harold Freedman (M. D. or other) _____
Address 1515 Lafayette St St. Louis Mo Date signed 11-26-39

10441

10441

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.....

J. W. M. Bunkley

Licensed Embalmer No. *3656*

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.