

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 723Registration District No. 791Primary Registration District No. 1003Registrar's No. 723

1. PLACE OF DEATH:

- FILED FEB 17 1940**
- (a) County _____
 (b) City or town St. Louis Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ISOLATION HOSPITAL.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 Days.
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Caroline Green.3. (b) If veteran, name war No. 3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Allen 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Jan 12 1871
(Month) (Day) (Year)8. AGE: Years 69 Months 0? Days 11 If less than one day _____ hr. _____ min.9. Birthplace NEW YORK.
(City, town, or county) (State or foreign country)10. Usual occupation ? House work

11. Industry or business _____

12. Name CHRISTIAN STOOBEL13. Birthplace GERMANY
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Upperman
(City, town, or county) (State or foreign country)15. Birthplace Germany.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Stella Grady(b) Address 5600 Arsenal St.17. (a) Burial (b) Date thereof 1/25/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lake Charles Cemetery18. (a) Signature of funeral director Albert H. Hoppe(b) Address 4700 Washington Blvd.19. (a) JAN 24 1940 (b) J. P. [Signature]
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis Mo. 5
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5865 Maple
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23rd
year 1940 hour 6 minute 10 A.M.21. I hereby certify that I attended the deceased from 1-11
_____, 1940 to 1-23, 1940that I last saw her alive on 1-23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Regenerative Heart Disease

Due to _____

arteriosclerosis

Due to _____

Other conditions

Scarlet Fever
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy None

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 None
 (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)
(a) Means of injury _____23. Signature Geo. A. Boykin, M.D. (M. D. or other)

Address _____ Date signed _____

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.

1 X 251

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.....

Guy W. Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

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.