S. No. 2
—11-10-39
. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9399

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2882

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:
2928a Delmar Blvd. 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 21
(If outside city or town limits write "RURAL")
0
(d) Street No. 2928a Delmar Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Cornelius S. Green

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Naomi J. Green

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased 6 (Month) 2 (Day) 1888 (Year)

8. AGE: Years 51 Months 9 Days 20 If less than one day hr. min.

9. Birthplace Little Rock (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Charlie Green
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rachel Daniel
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Naomi J. Green
(b) Address 1626 Brown St. Little Rock

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/40 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Bennie Love
(b) Address 3103 Washington Ave.

19. (a) MAR 28 1940 (Date received local registrar) (b) J. B. Buchek (Registrar's signature)

MEDICAL CERTIFICATION 3-23-40 7:30 A.M.

20. DATE OF DEATH: Month March 22 day
year 1940 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from July 11, 1939, to March 22, 1940
that I last saw him alive on March 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Pul. Tuberculosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Vincent J. Mueller (M. D. or other)
Address 2335 Franklin Date signed 11. 28. 40

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Hilliard

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson St

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.