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1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1940

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12359

Primary Registration District No. 200

Registrar's No. 491

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Koch, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 113 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 165 Sidney (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Virginia Greene
3. (b) If veteran, name war: 8
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: 9 (Month) 24 (Day) 1924 (Year)

8. AGE: Years 15 Months 5 Days 14 If less than one day hr. min.

9. Birthplace: Silbourn (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Student
11. Industry or business:
FATHER 12. Name: Alton Greene
13. Birthplace: Paducah (City, town, or county) Ky. (State or foreign country)
MOTHER 14. Maiden name: Cecilia Curtis
15. Birthplace: Silbourn (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Robt. Koch Hosp. Records
(b) Address: Koch, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 11 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: St Matthews Cemetery
18. (a) Signature of funeral director: Meek Bros Fun. Co.
(b) Address: 412 Dunckenquette St. Louis
19. (a) MAR 9 1940 (Date received local registrar) (b) R. Meyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 8 year 1940 hour 8 minute 47 A.M.
21. I hereby certify that I attended the deceased from 11-15, 1939 to 3-8, 1940 that I last saw her alive on 3-8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	1 yr.
Emphysema of tuberculosis	1 yr.
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: Herbert S. Miller (M. D. or coroner)
Address: Koch, Mo. Date signed 3-8-40

(Licensed Embalmer's Statement on Reverse Side)

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

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 Nancy Stewart

Licensed Embalmer No. 3722

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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