

No. 2
11-10-39
3-17-39
1 X2162

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17156

State File No.

JUN 1 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4634

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:
1613 Arlington Ave. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____
(Specify whether years, months or days)

In this community: 55 yrs.

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. 1613 Arlington Ave.
(If rural, give location)

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

8. (a) PRINT FULL NAME: Franklin Green 650

8. (b) If veteran, name war: _____

8. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th,
year 1940 hour 5.25 minute A. M.

4. Sex: Male

5. Color or race: W.

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

6. (b) Name of husband or wife: Myrtle Green

6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: April 5th, 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 2, 1940 to May 24, 1940
that I last saw him alive on May 24, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>55</u>	<u>1</u>	<u>19</u>	hr. _____ min.
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Immediate cause of death: Cerebral Embolism

Due to: Carcinoma of Bronchi

Due to: _____

Duration
1 1/2 days
6 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace: Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Unemployed Chef.

11. Industry or business: _____

MOTHER FATHER { 12. Name: John W. Green

13. Birthplace: Dont Know

14. Maiden name: Melvina Hibbitt

15. Birthplace: Tenn.
(City, town, or county) (State or foreign country)

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: None

Of operations: _____

Of autopsy: None

16. (a) Informant: Mrs. M. Sh...

(b) Address: 1613 Arlington

17. (a) Burial (b) Date thereof: 5-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Lake Charles Cemetery

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 _____

18. (a) Signature of funeral director: Probst and Co.

(b) Address: 3710 N. Grand Blvd.

19. (a) MAY 27 1940 (b) J. F. Rudick
(Date received local registrar) (Registrar's signature)

23. Signature: Donald H. ... (M. D. or other) _____

Address: 2302 Salisbury St Date signed: 5-25-40

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

B.H. Flotte
2300 Sahrborn
ce 9564
2-3

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert L. Banker

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand

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.