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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23149

AUG 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5594

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days (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 25
(If outside city or town limits write "RURAL")

(d) Street No. 215 South Third St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Allen Green 657

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased August 21, 1877 (Month) (Day) (Year)

8. AGE: Years 62 | Months 9 | Days 11 | If less than one day hr. min.

9. Birthplace Hannibal, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Nil. 0

11. Industry or business Nil. 0

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

MOTHER
14. Maiden name Laura Carrico
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address City Hospital, #1

17. (a) (Burial, cremation, or removal) (b) Date thereof 8/10/40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W Kuhlen
(b) Address 3500 Kutzen

19. (a) JUL 1 1940 (Date received local registrar) (b) J. F. Diedrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1. year 1940 hour 3:15 minute A. M.

21. I hereby certify that I attended the deceased from May 22, 1940 to June 1, 1940; that I last saw him alive on June 1, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder Urinary

Due to

Due to 51

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

23. Signature Robert B. Lyons (M. D. or other)
Address 1515 Lafayette. Date signed 6/1/40

(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.....

Licensed Embalmer No.....

P. O. Address.....

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

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