

Registration District No. 784

Primary Registration District No. 100

Registrar's No. 1618

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Brentwood? Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Life (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Abraham Green 650

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Colo. 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Oct. 19 1939
 (Month) (Day) (Year)

8. AGE: Years _____ Months 10 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Sherman Green

13. Birthplace ? La. (City, town, or county) (State or foreign country)

14. Maiden name Janie Sutton

15. Birthplace ? Ky. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sherman Green

(b) Address 8749 Rose Ave.

17. (a) Burial (b) Date thereof 8 26 40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FATHER DUNN'S

18. (a) Signature of funeral director Slaten & Yoen

(b) Address Kirkwood, Mo.

19. (a) AUG 26 1940 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town Brentwood
 (If outside city or town limits, write "RURAL")
 (d) Street No. 8749 Rose, Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 23
 year 1940 hour 3:40 minute 40 P.M.

21. I hereby certify that I attended the deceased from 8/12, 1940 to 8/23, 1940;
 that I last saw him alive on 8/22, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death gunshot wound with spasm Duration _____

Due to shot

Due to 11/9/40

Other conditions none
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations none

Of autopsy yes

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) none

(b) Date of occurrence none

(c) Where did injury occur? none
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

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

23. Signature [Signature] (M. D. or other) 1

Address 139 E. Parkman Ave. Date signed 8/24/40

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.

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

Louis V. Atkins

Licensed Embalmer No. *2842*

P. O. Address *3644 Finne*

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.