

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 33703
Registrar's No. 8400Registration District No. 791Primary Registration District No. 1003

1. PLACE OF DEATH:

- (a) County St Louis Mo.
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not a hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 days (Specify whether
In this community
years, months or days)

8. (a) PRINT
FULL NAME Andrey Green8. (b) If veteran,
name war.8. (c) Social Security
No. None4. Sex Female5. Color or
race Wh6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Carl Green6. (c) Age of husband or wife if
alive 48 years7. Birth date of deceased June 5 1910
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

3041

hr. min.

9. Birthplace Brady
(City, town, or county)Texas
(State or foreign country)10. Usual occupation At Home

11. Industry or business

12. Name George R. Baisden18. Birthplace Texas
(City, town, or county) (State or foreign country)14. Maiden name Unknown
(City, town, or county) (State or foreign country)15. Birthplace Texas
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Carl Green(b) Address 4257 Washington17. (a) Removal (b) Date thereof 10-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Brady Texas18. (a) Signature of funeral director Chas. F. Stuart(b) Address 1225 Union Blvd.19. (a) OCT 9 1940 (b) J. B. Baisden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 19
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4257 WASHINGTON
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6
year 1940 hour 7²⁰ minute P M.21. I hereby certify that I attended the deceased from Sept 8
1940, to Oct 6, 1940
that I last saw her alive on Oct 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Cancer of the Cervix

Duration

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 sta-
tistically.

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 _____23. Signature FR Bradley (M. D. or other) _____
Address BARNES HOSPITAL Date signed _____

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

Bernard R. J. Stuart

Licensed Embalmer No. *3500*

P. O. Address *1225 Union Bl*

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.