

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
XXXXX 4312 W. Belle
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Walter Green3. (b) If veteran, name was Spanish American No. None

3. (c) Social Security

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife +XXXXXX 6. (c) Age of husband or wife if alive years7. Birth date of deceased Unknown 1855
(Month) (Day) (Year)8. AGE: Years abt. 85 Months Days If less than one day hr. min.9. Birthplace Germantown North Caro
(City, town, or county) (State or foreign country)10. Usual occupation Soldier11. Industry or business Retired12. Name Unknown13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Thary Nelson(b) Address 4312 West Belle17. (a) Buriel (b) Date thereof Oct 23-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Jefferson Barracks18. (a) Signature of funeral director J.W. 7 Hughes(b) Address 2620 Lawton19. (a) OCT 22 1940 (b) J.F. Rudech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 4312 West Belle
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17-40
year 1940 hour 3 P M minute 2 M21. I hereby certify that I attended the deceased from Aug 2nd to Oct 17, 1940that I last saw him alive on Oct 17 and that death occurred on the date and hour stated above.Immediate cause of death Myocardial infarction

Due to _____

Due to _____

ina

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

28. Signature W.B. Bush (M. D. or other)Address 2005 S. Grand Date signed Oct 22-40

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 with the above constitutes grounds for revocation of license.)

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