U. S. No. 2
1—11-10-39
Rev. 5-17-39
Form I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40552

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10323

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: St. Johns Hospital (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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St Louis
(c) City or town: Wellston (If outside city or town limits write "RURAL") N.R.
(d) Street No.: 6430 Derby Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: DOCK GREEN
3. (b) If veteran, name war:
3. (c) Social Security No.: 493-10-8996
4. Sex: M
5. Color or race: W W
6. (a) ~~Single~~, ~~widowed~~, married, divorced
6. (b) Name of husband or wife: Lucy Green
6. (c) Age of ~~husband~~ or wife if alive: 47 years
7. Birth date of deceased: Aug 5 (Month) 1883 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
57	4	11	hr. min.

9. Birthplace: Jefferson Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Street car conductor
11. Industry or business:
FATHER 12. Name: Hy. Green
FATHER 13. Birthplace: Jefferson Co. (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name: Catherine Harding
MOTHER 15. Birthplace: Jefferson Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs. Lucy Green
(b) Address: 6430 Delby Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-18-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Hiram Cemetery
18. (a) Signature of funeral director: Louis H Bopp, Inc
(b) Address: Kirkwood Mo
19. (a) DEC 16 1940 (Date received by registrar) (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1940 hour 7 minute P M.
21. I hereby certify that I attended the deceased from Oct 1 1940, to Nov 15 1940, that I last saw h. alive on Dec 15 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	3 days
Due to Hypertensive Heart disease	1 yr
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 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: J. H. Granger M.D. (M. D. or other)
Address: 3901 Park ave Date signed: 7/16/40

(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 Louis H Bopp, Registered Apprentice No. _____, working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Kirkwood Mo

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.