

LED JAN 8 1941

State File No.

Registration District No. 187

Primary Registration District No. 200

Registrar's No. 2347

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Immaculate Heart Convent
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 years
(Specify whether years, months or days) 3

8. (a) PRINT FULL NAME Catherine Green

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased May 24 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 6 17 hr. min.

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

10. Usual occupation None

11. Industry or business II

12. Name Green

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

14. Maiden name II

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

16. (a) Informant Mrs. Charles Schengack

(b) Address 6608 Odell Ave.

17. (a) Burial (b) Date thereof 12-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter & Paul

18. (e) Signature of funeral director Callahan Kelly

(b) Address 1326 Natural Bridge

19. (a) DEC 13 1940 (b) R. M. Myers
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 7626 Natural Bridge
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 11
year 1940 hour 9:45 minute 45 PM

21. I hereby certify that I attended the deceased from 11-26
1930 to 12-11, 1940;

that I last saw her alive on 12-11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 1 day

Due to Chc Nephritis 10 yrs

Due to Arterio sclerosis 10 yrs

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

Major findings: none/31

Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury none

23. Signature W. H. Linberuss (M. D. or other) MD

Address 370 Bermuda Ave Date signed 12-12-40

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

MOTHER FATHER

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

Clement Mc Neal

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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

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