MAY 13 1941

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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. 13114

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3544

**1. PLACE OF DEATH:**

(a) County
(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: Isolation Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community

**2. USUAL RESIDENCE OF DECEASED:** 000

(a) State Mo. (b) County 17
(c) City or town St. Louis Mo. O.N.R.
(If outside city or town limits write "RURAL")
(d) Street No. 8749 Rose Ave.
(If rural, give location)
Brentwood 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lorraine Green

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3 | 5. Color or race Colored | 6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec 31st 1940 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| NONE | 3 | 5 | hr. min. |

9. Birthplace Brentwood Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Herman Green
13. Birthplace Louisiana. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Jane Sutton.
15. Birthplace Kentucky. (City, town, or county) / (State or foreign country)

16. (a) Informant Stella Grady.
(b) Address 5600 Arsenal St.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof APR 25 1941 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem

18. (a) Signature of funeral director J. Ryan
(b) Address City Infirmary

19. (a) APR 25 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 5th year 1941 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4/1, 1941 to 4/5, 1941 that I last saw her alive on 4/5, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pertussis

Duration

Due to 0

Due to

Other conditions Bronchopneumonia, acute otitis media.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Bronchopneumonia

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 0

23. Signature R. W. Maxwell (M. D. or other)
Address Isolation Hosp, St. Louis Date signed 4/17/41

(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.....

....., 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.**