

No. 2
-1-4-41
5-17-41
I X24390

SEP 17 1941

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Registrar's No. 6959

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis Missouri
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3865 Alexander Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME William Britain Green

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Katherine Green 6. (c) Age of husband or wife if alive. 72 years
7. Birth date of deceased. June 12, 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 14 If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Salesman

11. Industry or business Metropolitan Life Ins. Co.

12. Name Abner Green

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

14. Maiden name Ann Green

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

16. (a) Informant Virginia Roberts

(b) Address 44 57 Washington Bldg

17. (a) Burial (b) Date thereof Aug 25, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary Cemetery

18. (a) Signature of funeral director Chas. A. Gully

(b) Address 44 57 Washington Bldg

19. (a) AUG 28 1941 (b) J. T. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3865 Alexander Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
year 1941 hour 3 minute 00 M.

21. I hereby certify that I attended the deceased from April 18th 1938 to Aug. 26th 1941;
that I last saw him alive on Aug 25 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death. Cardiovascular sclerosis.

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 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?.....

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Dr. W. Lewerman (M: D. or other) 0

Address 3108 Chippewa St Date signed 8-27-41

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

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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.....

J. Allen Davis Jr.

Licensed Embalmer No. *4053*

P. O. Address *J. Davis*

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, fact should be so stated above.