

FILLED NOV 7 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 8030

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1719 Veronica Ave /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether  
In this community Birth  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1719 Veronica Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5  
year 1941 hour 7 minute 45 P.M.  
21. I hereby certify that I attended the deceased from Sept 22  
1941 to Oct 05 1941  
that I last saw him alive on Oct 5 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Amyloidosis cerebri  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Eugene Green

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

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

6. (b) Name of husband or wife Della Burns Green 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased December 19, 1864  
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired purchasing agent Mississippi Glass

11. Industry or business \_\_\_\_\_

12. Name Philip Green

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

14. Maiden name Roda Turbeville

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

16. (a) Informant Mrs Della Green

(b) Address 1719 Veronica Ave

17. (a) Burial (b) Date thereof 10/3/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) OCT 8 1941 (b) J. F. Budek  
(Date received local registrar) (Registrar's signature)

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

**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 William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis, 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, fact should be so stated above.**