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No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33288243

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8243

1. PLACE OF DEATH:

(a) County
(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: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 Days (Specify whether years, months or days)
In this community

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. 117 A.N.9th St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME David Green
3. (b) If veteran, name war No
3. (c) Social Security No. ???
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 3 (Day) 1867 (Year)
8. AGE: Years 73 Months II Days 20 If less than one day hr. min.
9. Birthplace Illinois (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Retired
12. FATHER Name Thomas Green
13. FATHER Birthplace England (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Sarah Jeffs
15. MOTHER Birthplace England (City, town, or county) (State or foreign country)
16. (a) Informant Laura Lawrence
(b) Address McPherson Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof October 18 1941 (Month) (Day) (Year)
(c) Place: burial or cremation McPherson Kansas
18. (a) Signature of funeral director McPeetz Brothers
(b) Address 3029 Lafayette Ave
19. (a) OCT 16 1941 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15, year 1941 hour 1:50 minute A. M.
21. I hereby certify that I attended the deceased from September 23, 1941 to October 15, 1941; that I last saw him alive on October 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Parotitis - not mumps
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

Duration

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
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 L. V. Mulligan (M.D. or other)
Address 1515 Lafayette Avenue, Date signed 10/15/41

(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. 2265

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.