

No. 2
-1-4-41
-17-39
X26390

39323

State File No. _____

DEC 13 1941

Registration District No. 7849

Primary Registration District No. 2nd

Registrar's No. 2454

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town BALLWIN
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
PINE CREST HOME 4 BALLWIN, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. (Specify whether years, months or days)

In this community 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON

(c) City or town RURAL JEFFERSON Mo 50
(If outside city or town limits, write "RURAL")

(d) Street No. GRUBVILLE Mo
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CHARLES GREEN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th
year 1941 hour 6:30 minute A. M.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife _____

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

7. Birth date of deceased APRIL - 2 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1 1941 to Dec. 6 1941
that I last saw him alive on Dec 5 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months - Days -
If less than one day _____ hr. _____ min.

Immediate cause of death:
Erysipelas
chronic myocarditis

Duration 12-1-41

9. Birthplace GRUBVILLE JEFF. Co. Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation RET. LABORER

Due to _____

Due to _____

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

11. Industry or business _____

12. Name GEORGE BYRAM GREEN

13. Birthplace SODERS N.Y. 1
(City, town, or county) (State or foreign country)

14. Maiden name CHARLOTTE KYLE

15. Birthplace ANTONIA Mo D
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Wheeler Frost

(b) Address Grubville Mo

17. (a) Removal (b) Date thereof 12-6-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GRUBVILLE Mo

18. (a) Signature of funeral director _____

(b) Address Grubville Mo

19. (a) DEC 6 1941 (b) C. V. McCarver
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature B. R. Loring (M. D. or other) mo.

Address Ballwin 10 mo. Date signed 12-6-41

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

7733 Foreytha

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, fact should be so stated above.