S. No. 2
1—9-4-41
5-17-39
1 X2948

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

4238

State File No. 1617

FILED MAR 2 1943

Registration District No. 318 Primary Registration District No. 1002 Registrar's No.

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 Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 (Specify whether years, months or days)

In this community 4 days, Illinois 76 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill Del. (b) County — 11 999

(c) City or town Albion (If outside city or town limits, write "RURAL") N.R

(d) Street No. Illinois (If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME GEORGE O GREEN

3. (b) If veteran, name war no

3. (c) Social Security No. 2

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ida Harbig Green

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

7. Birth date of deceased 2 - 14 - 1867 (Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 3 If less than one day hr. min.

9. Birthplace Albion Illinois 0 (City, town, or county) (State or foreign country)

10. Usual occupation Manager

11. Industry or business Grocery Store

MOTHER FATHER

12. Name James Green

13. Birthplace Edwards Co Ill (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Curtis

15. Birthplace Edwards Co Ill (City, town, or county) (State or foreign country)

16. (a) Informant Mrs L P Harbig

(b) Address 5817 Gravois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/43 (Month) (Day) (Year)

(c) Place: burial or cremation Albion Ills

18. (a) Signature of undertaker Henry J Weidmuller

(b) Address 6203 Gravois

19. (a) FEB 18 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 1943 hour 8:55 minute 1 P M

21. I hereby certify that I attended the deceased from Feb 12 1943, 19..., to Feb 17, 19.43 that I last saw h. alive on Feb. 17 19.43 and that death occurred on the date and hour stated above.

Immediate cause of death acute Hernia of bowel (strangulated)

Due to Coughing from asthma

Due to

Other conditions Mitral regurgitation (Includes pregnancy within 3 months of death)

Major findings:
Of operations 1 81

Of autopsy yes

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

(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 L P Harbig (M. D. or other)

Address 5817 Gravois Date signed

(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 Albert H. Happe

Licensed Embalmer No. 1861

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.