

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:
Missouri Baptist Hospital
(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 **Leona Green**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife **Henry Green** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept. 4, 1877**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 **4** **29** hr. min.

9. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

MOTHER FATHER { 12. Name **William Nichols**

13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Don't Know**

15. Birthplace **Texas**
(City, town, or county) (State or foreign country)

16. (a) Informant **R.A. Wilson**

(b) Address **2427 Northland Ave.**

17. (a) **Burial** (b) Date thereof **Feb. 5/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cem.**

18. (a) Signature of funeral director **Jos. W. Clark**

(b) Address **1125 Hodiamont Ave.**

19. (a) **FEB 4 1943** (b) **J. F. Bredenk**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Overland**
(If outside city or town limits, write "RURAL")
(d) Street No. **2427 Northland Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **3**
year **1943** hour **7.00** minute **A.M.**

21. I hereby certify that I attended the deceased from **Jan 11**
1942 to **Feb 3** 19**43**
that I last saw her alive on **2-3** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Embolism**
Duration **1 hr**

Due to **Post-operative Cholecystitis 1/12/43** 20 days
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: **cholecystitis**
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) **no**
(b) Date of occurrence **None**
(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 **Maurice C. Della** (M.D. or other) **M.D.**
Address **8124 St. Charles Rd.** Date signed **2/4/43**

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

MOTHER FATHER

8214

St Louis, Mo

Dr. M.A. Diehr
8924A St. Charles Rock Road
Winfield, 1593
10.30-2.30 P.M.

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. 3225

P. O. Address..... 1125 Hodiament Ave.,

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.