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Registrar's No. 2963

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis

(c) Name of hospital or institution:
5915 Harney 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..... Unknown (Specify whether 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. 5915 Harney Ave (If rural, give location)

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

If yes, name country..... 0

3. (a) PRINT FULL NAME Kate Green

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

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

6. (b) Name of husband or wife..... Not mentioned 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... May 18, 1868 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>10</u>	<u>8</u> hr. min.

9. Birthplace..... Montgomery City Mo. (City, town, or county) (State or foreign country)

10. Usual occupation..... At home

11. Industry or business.....

12. Name..... William Hensley

13. Birthplace..... Montgomery City Mo. (City, town, or county) (State or foreign country)

14. Maiden name..... Susan Clarkson

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

16. (a) Informant..... Miss Aldine Colbert

(b) Address..... 5915 Harney Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 3/30/43 (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) MAD 2 2 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... March day..... 26th year..... 1943 hour..... 11:50 PM Minute..... M.

21. I hereby certify that I attended the deceased from..... mar. 19..... 39 to..... mar. 26, 19..... 43 that I last saw her alive on..... mar. 25, 19..... and that death occurred on the date and hour stated above.

Immediate cause of death..... apoplexy

Due to..... Chronic myocarditis

Other conditions..... Chronic myocarditis (Include pregnancy within 3 months of death)

Major findings: Of operations..... Of autopsy.....

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... R. R. McNewman (M. D. or other) M.D. Address..... 5330 Geraldine Date signed..... 3/27/43

Duration 2 wks
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.

Francis A. Williamson
Licensed # 3565
St Louis, MO.

Signed *Welford G. Beemley*
Licensed Embalmer No. *4202*

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.