

FILED JAN 4 1944
Registration District No. 1818

11726

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4433 Penrose St.
(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 Augusta Green

3. (b) If veteran, name war _____ 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 Charles Green 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 31 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 5 24 _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name William Kelly

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

14. Maiden name Amelia Peck

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

16. (a) Informant Mrs. Frank Green

(b) Address 4433 Penrose St.

17. (a) Burial (b) Date thereof 12-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) DEC 27 1943 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 910
(d) Street No. 4433 Penrose St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
year 1943 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec. 6 to Dec. 24, 1943
that I last saw her alive on Dec. 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Left Cardiac Distention

Due to Chronic Myocarditis

Due to Arterio Sclerosis

Cirrhosis liver

Other conditions _____
(include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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) no
(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 H. J. ... (M. D. or other) _____
Address 4548 ... Date signed 1/27/44

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.

Signed

Frank H. Stov

Licensed Embalmer No. 2245

P. O. Address 4600 Mt. Bridge

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.