

FILED JAN 12 1944 318
 Registration District No. _____

Primary Registration District No. 1003

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

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:
Lutheran Hospital
 (If not in hospital or institution, give street number or location)
 (d) Length of stay: In hospital or institution 1 day
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County 000
 (c) City or town St. Louis 17
923
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2721A Salena St.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

3. (a) PRINT FULL NAME Carlis Dale Green
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 12 - day 20 year 1943 hour 5 minute 44 P.M.
 21. I hereby certify that I attended the deceased from 12-29-43 to 12-30-43, 1943;
 that I last saw him alive on 12-30-43, 1943;
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race W
 6. (a) Single, widowed, married, divorced 1
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 12-29-43
 (Month) (Day) (Year)

Immediate cause of death _____
Pneumonia at 32 hrs -
monstrously
one of brain boys
other heredity - albin
 Due to _____

8. AGE: Years _____ Months _____ Days 23 hr. 20 min.
 If less than one day _____
 9. Birthplace St. Louis Mo
 (City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation newborn
 11. Industry or business _____
 12. Name Walter L. Green
 13. Birthplace Van Buren Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Alsie Hopkins
 15. Birthplace Van Buren Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant D. Sheety
 (b) Address Lutheran Hospital
 17. (a) Burial (b) Date thereof 12:31:43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Pickers Cemetery
 18. (a) Signature of funeral director Paschedag-Henke Fun. Home
 (b) Address 2825 N. Grand Blvd.
 19. (a) DEC 31 1943 (b) J. F. Bredek
 (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) _____ (e) Means of injury _____
 23. Signature _____ (M. D. or other) _____
 Address 1212 Club Bldg Date signed 12/21/43

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 *Not embalmed*.....

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.