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DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 10 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2755

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 4523 RAVENWOOD
St. Ferdinand Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 27 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 4523 Ravenwood
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harvey Green

3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maud GREEN
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Apr. 12 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 7 28 _____ hr. _____ min.

9. Birthplace Decatur Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Day labor

11. Industry or business _____

12. Name John Green
13. Birthplace Unk (City, town, or county) (State or foreign country)
14. Maiden name Unk
15. Birthplace Unk (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maud Green
(b) Address 4523 Ravenwood

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-13-43
(Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Tanner
(b) Address 6107 Natural Bridge

19. (a) DEC 13 1943 (Date received local registrar)
(b) E. J. McFarland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10
year 1943 hour 8 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Natural causes. Duration _____

Due to Emphysema, advanced;
Chronic fibro calcareous pulmonary
Due to tuberculosis, adv.; Chronic
passive congestion of the liver.

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

Major findings:
Of operations _____
Of autopsy Yes. 137-1

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 3
23. Signature H. S. Bray Deputy Coroner
(M. D. or other)
Address Kirkwood, Mo. 12-11-43 Date signed

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.....

Henry M. Brammer

Licensed Embalmer No. *4200*

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.