

FILED APR 15 1944

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3042**

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:
2730 Delmar Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community **50 years**
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. **2730 Delmar Blvd.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Iola Green**
3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

20. DATE OF DEATH: Month **Mar** day **28**
year **1944** hour **11** minute **50 A.M.**

4. Sex **FEMALE** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced, **widow**
6. (b) Name of husband or wife **dead** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Unknown** **- 1872**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
About 72 hr. min.

Immediate cause of death
**Chronic Myocarditis
Chronic Interstitial Nephritis**

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

Due to.....
Due to..... **131 a**

10. Usual occupation **Housework**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business **at home**

Major findings: Of operations.....

12. Name **Tillman Flemings**

Of autopsy.....

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

14. Maiden name **Ardella Johnson**

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

16. (a) Informant **Hellen Elam**

(b) Address **4330 Enright Ave.**

17. (a) **Burial** (b) Date thereof **4/3/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **C.W. Roberts**

(b) Address **1416 N. Taylor Ave.**

19. (a) **MAR 31 1944** (b) **J. Fredrick**
(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)

While at work?..... (e) Means of injury **3**

23. Signature **Thomas F. Calman** (M. D. or other)

Address **Deputy Coroner** Date signed **3-31-44**

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

MOTHER FATHER

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

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..... *Fulton E. Culkin*.....
Licensed Embalmer No. *4198*.....
P. O. Address..... *Thomas 13. 7th*.....

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.