

FILED OCT 6 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8342

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:
Alexian Brothers
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 5 days
(Specify whether

In this community 0
years, months or days)

3. (a) PRINT FULL NAME William Green

3. (b) If veteran, name war X

3. (c) Social Security No. X

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

6. (b) Name of husband or wife Annie Green 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February 29, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>6</u>	<u>28</u>hr.min.

9. Birthplace Morrisonville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business.....

MOTHER FATHER { 12. Name Ewald Green

13. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

14. Maiden name Schreier

15. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Green

(b) Address 3651 Bellerive

17. (a) burial (b) Date thereof 9/30/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) SEP 30 1944 (Date received local registrar)

J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3651 Bellerive
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27
year 1944 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from September 21, 1944, to September 27, 1944
that I last saw him alive on September 27, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism Duration 1 day

Due to B pain hemorrhage 6 days

Due to Pneumonia Hypostatic lobar 4 day
both lungs

Other conditions Arterio Sclerosis 3 yrs.
(Include pregnancy within 3 months of death)

Major findings: None PHYSICIAN None

Of operations.....

Of autopsy..... none

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? no (Specify type of place) (e) Means of injury none

23. Signature Isaac Lubek (M.D. or other) M.D.

Address 2767 Lewis ave Date signed 9-28-44

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..... *C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address. *7027 Gravois*

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.