V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#24027

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32339

FILED OCT 23 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8730

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
In this community 62 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town 1444 St. Louis St.
(If outside city or town limits, write "RURAL")

(d) Street No. 1444 Madison St..
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Susan Green

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife late Wm. Green

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 4th. (Day) 1866 (Year)

8. AGE: Years 78 Months 3 Days 10 If less than one day hr. min.

9. Birthplace 4 (City, town, or county) Ireland (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER 12. Name William Rogers

FATHER 13. Birthplace 4 (City, town, or county) Ireland (State or foreign country)

MOTHER 14. Maiden name unknown

MOTHER 15. Birthplace 4 (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs. William Green

(b) Address 1828 South 9th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-44 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) OCT 14 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13th year 1944 hour 6:25 minute A. M.

21. I hereby certify that I attended the deceased from 10/13/44, 19..., to Oct. 13th, 1944 that I last saw her alive on Oct. 13th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic Heart Disease

Due to

Due to

Other conditions Bronchial asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Refused

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)

(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 Herbert C. Fritz (M. D. or other)
Address 1515 Lafayette Date signed 10/13/44

(Licensed Embalmer's Statement on Reverse Side)

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 John P. Burkholz

Licensed Embalmer No. 1674

P. O. Address 3228 St Louis Ave.

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.