

FILED DEC 9 1944 318
Registration District No. _____

Primary Registration District No. _____

100E

Registrar's No. _____

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:
Missouri Pacific hospital
(If not in hospital or institution, write 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 Missouri (b) County St. Louis
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 3636 Pine Grove Ave
(If rural, give location) NR
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

10212 96
9
NR

3. (a) PRINT FULL NAME SCHUYLER C GREEN

3. (b) If veteran, name war None
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 Eva E. Green nee Evans
6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased: March 25, 1866
(Month) (Day) (Year)

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

9. Birthplace: Wilmington Del.
(City, town, or county) (State or foreign country)

10. Usual occupation: Mechanical Draftsman

11. Industry or business _____

MOTHER FATHER

12. Name: William Green

13. Birthplace: Unknown Pa.
(City, town, or county) (State or foreign country)

14. Maiden name: Margaretta Johnson

15. Birthplace: Unknown Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant: Eva E. Green

(b) Address: 3636 Pine Grove Pine Lawn

17. (a) Burial (b) Date thereof: 12/1/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla Cemetery

18. (a) Signature of funeral director: Math Hermann & Son

(b) Address: 2161 East Fair Ave

19. (a) NOV 30 1944 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 28th
year 1944 hour 4 minute 55 P.M.

21. I hereby certify that I attended the deceased from Nov 27th, 1944, to Nov 28th, 1944
that I last saw him alive on 11/28/44
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac failure
Chr Myocarditis
Gen'l. debility
Due to _____
Due to _____

Other conditions: sev. dehydration 5 days
(Include pregnancy within 3 months of death)

Major findings: Thrombosis
Of operations: 9/2
Of autopsy: _____

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: John Schlenker (M. D. or other)
Address: Tuto. Pac. Hosp. Date signed: 11/28/44

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

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.....

Wilfred T Burnley

Licensed Embalmer No. *4202*

P. O. Address *St Louis Mo*

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.