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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3400

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2869

1. PLACE OF DEATH:

(a) County St. Louis Co

(b) City or town Wellston, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community About Thirty yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

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

(d) Street No. 6339 Wager 17
(If rural, give location)

(e) Citizen of foreign country? Born U.S.of A. 9 (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Adville B. Green

3. (b) If veteran, name war NO

3. (c) Social Security No. 498-14-6413

4. Sex Male 2

5. Color or race Colered

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

6. (b) Name of husband or wife Inez Green

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Jan. (Month) 11 (Day) 1882 (Year)

8. AGE:	Years	Months	Days	If less than one day
	63		9	8:30 pm. min.

9. Birthplace Natchez Mississippi (City, town, or county) 1 (State or foreign country)

10. Usual occupation Minister

11. Industry or business

FATHER
12. Name William H. Green
13. Birthplace Natchez N (City, town, or county) Mississippi 1 (State or foreign country)

MOTHER
14. Maiden name Herriot Hill
15. Birthplace Natchez (City, town, or county) Mississippi 1 (State or foreign country)

16. (a) Informant Inez Green
(b) Address 6339 Wagner Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pk. Cem.

18. (a) Signature of funeral director Lee J. Sneed
(b) Address 3615-17 Easton Ave.

19. (a) 1/24/45 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature) Ass.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20, 1945
year hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 2, 1944 19 to Jan. 20, 1945 19;
that I last saw him alive on Jan. 20, 1945 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Institial nephritis & Carcinoma of prostate & rectum

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy clinical

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?
(Specify type of place)

While at work? (e) Means of injury

Signature Eskim L. Jensen (M. D. or other)

Address 3100a Lucas Ave. Date signed 1/22/45

(Licensed Embalmer's Statement on Reverse Side)

JUN 28 1945

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 myself, Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2266

P. O. Address 2812 Thomas St. Louis

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.