

FILED APR 23 1945
318

Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1943 N. 11th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Sarah H. Green

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Rowland Green 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased January 16, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>2</u>	<u>19</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name ? Scruggs

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

14. Maiden name Unknown

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

16. (a) Informant Norman Green

(b) Address 1943 N. 11th St.

17. (a) Burial (b) Date thereof 4/7/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) APR 6 1945 (b) [Signature]
(Date received local registrar) (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. 1943 N. 11th St
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 5
year 1945 hour 1.15 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from April 3 to April 5
that I last saw her alive on April 4 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema
Arterio sclerosis
Open & myo Carditis
Chronic in heart & nephritis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Duration

7 days

PHYSICIAN

Major findings:
Of operations 121
Of autopsy _____
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 [Signature] (M. D. or other)
Address 4548 Harris Ave Date signed 4/6/45

DEPARTMENT OF HEALTH
V. S. No. 2
100K-843
REV. 5-17-30

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..... *Glenn Eynck*.....
Licensed Embalmer No. *1284*.....
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.