. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1940

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 39215

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11721

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 1005 - 2 D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4221 S. Aldine (If rural, give location)
(e) Citizen of foreign country? D (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Green

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Black

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Apr 1886 (Month) (Day) (Year)

8. AGE: Years 54 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business Unknown

MOTHER FATHER
12. Name Unknown
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 Geo. J. Callahan
(b) Address Anatomical Board

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Washington V.

18. (a) Signature of funeral director W. Gilson
(b) Address 3809 Rutger St.

19. (a) JAN 3 1940 (Date received by local registrar) (b) J. F. Breseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1939 hour 1:48 minute A. M.

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

Immediate cause of death — Duration
Cerebral Infarction

Due to
Pancreatitis 1 wk Duration

Due to
H. M. A. D.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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

23. Signature Alfred Gerry (M. D. or other)
Address Desoto Mo Date signed 1/8/40

(Licensed Embalmer's Statement on Reverse Side)

JAN 16 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**