

S. No. 2
FORM-5-43
REV. 5-17-39
I X36871

14543

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED APR 24 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 3321

Registration District No. 318 Primary Registration District No. 1003

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:
City Hospital
(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) 5.5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County Mad
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 2317
(d) Street No. 1312 So 9th St (If rural, give location) 90
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Michael Francis Green
3. (b) If veteran, name war no 3. (c) Social Security No. 497-20-2937

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 9th
year 1946 hour _____ minute 50 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.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 1889 years
7. Birth date of deceased December 18 -- 1890
(Month) (Day) (Year)

Immediate cause of death Labor Pneumonia Duration _____
Due to _____
Due to 108
Other conditions _____ (include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years 56 Months 5 Day 3 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Packer

11. Industry or business Scrugg - Vandervoort

12. (a) Name _____
(b) Birthplace _____ (City, town, or county) (State or foreign country)

13. (a) Maiden name Unknown (b) Birthplace _____ (City, town, or county) (State or foreign country)

14. Informant Mary A. Sampson
(a) Address 1312 So. 9th Street
(b) Address _____

17. (a) Burial (b) Date thereof 4-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 LaFayette Av

19. (a) APR 10 1946 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

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?
Write at _____ (Specify type of place) _____ (b) Means of injury _____
23. Signature Robert E. [Signature] (M. D. or other) _____
Address _____ Date signed 4/10/46

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

CORRECTED BY REGISTER

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 W Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of St. Louis } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3321

On this 25th day of April, 1946, before me appears Helen Grogan Blette, who, upon her oath, states that the original record of ^{birth} ~~death~~ for Michael Francis Green ^{died} ~~born~~ April 9, 1946, in the State of Missouri, and which was filed at St. Louis Mo. on Apr 10, 1946, should be corrected as follows:

Item No. 7 should read Dec. 18 - 1889

Instead of Dec. 18 - 1890

Item No. 8 should read 56 yrs - 3 mos - 21 days

Instead of 55 yrs - 3 mos - 21 days

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Helen Grogan Blette Niece
Relationship.

9118 Lucia - Alton Mo.
Present Address.

Subscribed and sworn to before me this 25th day of April, 1946.

My Commission expires 8/4/49; Fred Paddock Notary Public.

Hester M. Sullivan, Chief Clerk - Dec-7-1937
Affidavits containing erasures will not be accepted; draw one line through error and write above it.

14543