

**FILED** JUL 26 1946  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

6996

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:  
910 Chambers 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) 65 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 910 Chambers  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank W. Green

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex male ( ) 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jda Mae Green 6. (c) Age of husband or wife if alive 77 years

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

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

9. Birthplace (City, town, or county) (State or foreign country)  
none Ky /

10. Usual occupation none

11. Industry or business \_\_\_\_\_

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Nora Green

(b) Address 4310 Penrose

17. (a) Burial (b) Date thereof 7-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JUL 15 1946 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7-12 day 12 year 1946 hour 11 minute 30 am

21. I hereby certify that I attended the deceased from 4-29 1946 to 7-12 1946 and that death occurred on the date and hour stated above. that I last saw him alive on July 11-46

Immediate cause of death Chronic myocarditis Duration 2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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 J. C. Crease (M. D. or other) MO

Address 12504 N. 14th St Date signed 7-13-46

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

MOTHER FATHER

24134

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

*John P. Buchholz*

Licensed Embalmer No. ....

1674

P. O. Address

2223 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.