

FILED DEC 2 1946
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 9944

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
37462

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 9 days
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 6⁰⁰

(c) City or town St. Louis 6 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1615 ARLINGTON AVE. 9
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Henry Green

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1946 hour 3 minute 25 A.M.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife DORA GREEN 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased JAN 15 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 11 1946 to Nov 20 1946
that I last saw him alive on Nov. 20 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>10</u>	<u>18</u>	hr. _____ min. _____

Immediate cause of death Carcinoma of the sigmoid colon with metastases due to the liver

Due to _____

Due to _____

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

Other conditions (Include pregnancy within 3 months of death) Ho

10. Usual occupation SHEET METAL WORKER (RETIRED)

11. Industry or business _____

12. Name JOHN GREEN

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

14. Maiden name _____

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

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy As above

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Dora Green

(b) Address 1615 Arlington Ave.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 23 1946
(Month) (Day) (Year)

(c) Place: burial or cremation ST. FERDINAND CEM.

18. (a) Signature of funeral director J. F. Bredek

(b) Address 5165 Delmar Bl.

19. (a) NOV 21 1946 (Date received local registrar) J. F. Bredek (Registrar's signature)

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 O

23. Signature J. R. Bradley (M. D. or other) _____

Address Barnes Hospital, Date signed 11-20-46

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 *Ernest W. Spillers*.....

Licensed Embalmer No. *4080*.....

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.