

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:
41 Portland Place.
(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

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. **# 41 Portland Place.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **KENNETH LEMOINE GREEN.**
(b) If veteran, name war **None.** (c) Social Security No. **489-10-2767**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **26**
year **1947** hour **12:30** minute **A. M.**
21. I hereby certify that I attended the deceased from **Feb 24**, 1947, to **Feb 26**, 1947,
that I last saw him alive on **Feb 26**, 1947,
and that death occurred on the date and hour stated above.

4. Sex **Male.** 5. Color or race **White.** 6. (a) Single, widowed, married, divorced **Married.**
7. Birth date of deceased **December 6 1876**
(Month) (Day) (Year)

Immediate cause of death **Coronary thrombosis**
Duration **48 hrs**
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years **70.** Months **2** Days **20**
If less than one day _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual Occupation **Vice Pres. & Treas., Green Foundry Company.**

11. Industrial or business name **Hoyt Henry Green.**
12. Birthplace **Cold Rain, Mass., Mass.**
(City, town, or county) (State or foreign country)

13. Maiden name **Julia Moore.**
14. Birthplace **New York.**
(City, town, or county) (State or foreign country)

15. (a) Spouse name **Kenneth Green, Jr.**
Address **#41 Portland Place, Wydown Terrace**
(b) Date thereof **2/27/47.**
(Month) (Day) (Year)

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?

(c) Place: burial or cremation **Bellefontaine Cemetery.**
18. (a) Signature of funeral director **C.R. Lupton & Sons.**
(b) Address **7233 Delmar Blvd.,**

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature **Samuel D Grant** (M. D. or other) _____
Address **114 N Taylor** Date signed **2/26/47**

19. (a) **FEB 2 1947** (b) **J. F. Bredner**
(Date received local health officer) (Registrar's signature)

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

MOTHER FATHER
By **A. E. Hall**
30, 1947
Hall & Hall

Dr. Van Straut

114 No. Taylor
93 - 8600
1 to 4 p.m.

MAY 15 1947

JUN 17 1947

FEB 7 1956

FEB 7 1958

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 Raymond L. Morris

Licensed Embalmer No. 4330

P.O. Address Miplewood

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 Mo.
County of St. Louis } ss.

State File No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1996

On this _____ day of _____, 194____, before me appears _____

for Kenneth Lenoire Green, who, upon oath, states that the original record of ^{birth} death
_{born} 2-26, 1947 in the State of

Missouri, and which was filed at _____ on DULA, 19____ should be corrected as follows:

Item No. 6 should read Joia Hulda Green

Instead of _____ Lucy Scudder Green

Item No. 7 should read 12-6-1876

Instead of _____ Dec

Item No. 16~~4~~ should read W. Wydown Terrace

Instead of _____ 41 Portland

Item No. 6^c should read 66

Instead of _____

Item No. 8 should read 70-~~28~~-20

Instead of _____ 70

Item No. 16^a should read Kenneth L. Green, Jr.

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 Kenneth L. Aring ^{Inf.} Son
Relationship Daughter

W. Wydown Terrace
Present Address.

Subscribed and sworn to before me this 3 day of June, 1947

My Commission expires 3-4-49 Essal C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-6354