No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1947 7554

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15129 2711

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(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. 2317a S. 2nd St. Memorial
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PATRICIA GREEN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 23, 1931 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
15	6	13	hr. min.

9. Birthplace Paducah (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER 12. Name Howard Green
13. Birthplace Paducah (City, town, or county) Kentucky (State or foreign country)
MOTHER 14. Maiden name Eulala Hopson
15. Birthplace Murray Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Howard Green
(b) Address 2317a S. 2nd St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery
18. (a) Signature of funeral director Weick Bro. Und. Co.
(b) Address 2201 S. Grand Bl.
19. (a) APR 8 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th year 1947 hour 5:20 minute A M.
21. I hereby certify that I attended the deceased from 3/24/47, 19, to 4/6/47, 19; that I last saw her alive on 4/6/47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Tuber sclerosis of Brain and cortical atrophy — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Same
Of autopsy Same (+ sclerosis of Liver)

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 O. R. Dalton M.D. (M. D. or other)
Address 1515 Lafayette Date signed 4/7/47

(Licensed Embalmer's Statement on Reverse Side)

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 James R. Dunn, Registered Apprentice No. 403, working under my personal supervision.

Signed Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 2201 S. Grand Bl.

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.