No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 29 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18876 4598

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

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 4709 a Varrelman
(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. 4709 a Varrelman ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lilliam M. Green

3. (b) If veteran, name war No

3. (c) Social Security No. 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 April (Month) 23 (Day) 1870 (Year)

8. AGE: Years 77 Months 0 Days 11 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) New York (State or foreign country)

10. Usual occupation Retired School Teacher

11. Industry or business

FATHER
12. Name William H. Green
13. Birthplace (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Viola Florence Potts
15. Birthplace Williamstown (City, town, or county) New York (State or foreign country)

16. (a) Informant Mrs. P. Hallof
(b) Address 17 Forest Lane Kirkwood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director C. Hoffmeister U.&L. Co.
(b) Address 7814 S. Broadway

19. (a) MAY 6 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1947 hour 3 minute P.m. M.

21. I hereby certify that I attended the deceased from 1937, 19, to 3/4-49, 19
that I last saw her alive on 5-1-47, 19
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, Arteriosclerosis — Duration: Chr.

Due to: Hypertension

Due to: Cerebral Hemorrhage (old) 3 yrs (left)

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

92

PHYSICIAN
Underline the cause of 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 [signature] (M. D. or other)
Address 1602 S. Broadway Date signed 5/5/47

D. W. Eades

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Eades

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.....Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.