S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22263

FILED JUL 12 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6413

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: Jewish Hospital
(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 000

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

(d) Street No. 600 N. Kingshighway Blv'd., 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 12 0

If yes, name country

3. (a) PRINT FULL NAME JENNIE MARVIN GREEN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Edwin F. Green

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 28 (Day) 1867 (Year)

8. AGE: Years 80 Months 2 Days 6 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Issac Newton Hill
13. Birthplace unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Jane Ann Essex
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant George A. Green
(b) Address #7 Berkley Lane, St. Louis Co.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) JUL 7 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 4
year 1947 hour 8:00 P.M. minute M.

21. I hereby certify that I attended the deceased from 1943, 19 to July 4, 1947
that I last saw her alive on July 4, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Infarct	10 hrs.
Due to Arteriosclerosis General	
Due to	
Other conditions Ondolithiasis (Include pregnancy within 3 months of death)	4 yrs.

Major findings:
Of operations —
Of autopsy —

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 Paul K. Webb (M. D. or other) M.D.
Address 721 Olive St. Date signed 7-5-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Paul K. Webb,
Chemical Building
CH - 6938

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St Louis, M

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.