No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 21 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25574

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6633

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: Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)
In this community ~~Life~~ 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1508 S 8th St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Otis Greene, Jr
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race Negro
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 2, 1943 (Month) (Day) (Year)

8. AGE: Years 4 Months 3 Days 10 If less than one day hr. min.

9. Birthplace Brownville, Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER
12. Name Otis Green
13. Birthplace Brownville, Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mildred Turner
15. Birthplace Brownville, Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant Otis Green
(b) Address 1508 S. 8th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Russell Und., Co.
(b) Address 2732 Pine Street
19. (a) JUL 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 12 year 1947 hour 8 minute 55 P.M.
21. I hereby certify that I attended the deceased from July 3, 1947, to July 12, 1947 that I last saw him alive on July 12, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Miliary Tuberculosis	Unk
Tuberculous Meningitis	Unk
Due to Lungs involved	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 E. B. Williams (M. D.)
Address 2601 N Whittier St Date signed 7-14-47

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

Jefferson City Printing Co. (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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....Charles Young

Licensed Embalmer No.....3371

P. O. Address.....St Louis

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.