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. 33190

FILED SEP 29 1947

Registration District No. 47

Primary Registration District No. 3063

Registrar's No. 1975

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community 18 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis Co.
(c) City or town Valley Park (If outside city or town limits, write "RURAL")
(d) Street No. 510 Marshall (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Genevieve 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 Married
6. (b) Name of husband or wife Lawrence Green
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased 8 (Month) 26 (Day), 1926 (Year)

8. AGE: Years 21 Months 0 Days 22 If less than one day hr. min.

9. Birthplace St. Albans, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER
12. Name Raymond Workman
13. Birthplace Iberia, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Charlotte Crum
15. Birthplace Vienna, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Flossie Workman
(b) Address Step-Mother- Valley Park
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 9/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation Rader Cem., Vienna, Mo.
18. (a) Signature of funeral director Schrader Fun'l Home
(b) Address Ballwin, Mo.
19. (a) 9-20-47 (Date received local registrar) (b) Gerald J Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18th year 1947 hour 5 minute 25 a M.
21. I hereby certify that I attended the deceased from September 10th 1947, to September 18th 1947 that I last saw her alive on September 18th 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death TUBERCULOSIS MENINGITIS	10 months
Due to	
Due to 14	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy none.	

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 Russell L Herdener (M. D. ~~or other~~)
Address 601 BRENTWOOD BLVD Date signed 9/18/47

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 Harry F. Schrader

Licensed Embalmer No. 2091

P. O. Address Ballwin Mo.

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.