No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40376

FILED NOV 25 1947

Registration District No. 1

Primary Registration District No. 3063

Registrar's No. 2371

96
2
3

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

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 Co. Hosp. O
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 2 Mo. 16 Days (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No. 251 Chicago 3
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) ✓
If yes, name country

3. (a) PRINT FULL NAME Mary Green
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 3
5. Color or race Col.
6. (a) Single, widowed, married, divorced Wid. 2
6. (b) Name of husband or wife Fred Green
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 (Month) 25 (Day) 1884 (Year)

8. AGE: Years 63 Months 7 Days 16 If less than one day hr. min.

9. Birthplace Atlanta, Georgia 1
(City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business own home

FATHER
12. Name William Cozey 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mandy Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Dau. Mabel Wilson
(b) Address S. Kinloch.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson
18. (a) Signature of funeral director Boyd Bros
(b) Address Kinloch Mo
19. (a) 11-20-47 (Date received local registrar) (b) Cecilia Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th
year 1947 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from August 25th, 1947, to November 11th, 1947; that I last saw her alive on November 11th, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis

Due to 55

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Duration

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 O

23. Signature Russell Hardiner (M. D. or other)
Address 6 N Brentwood Date signed 11-11-47

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: Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4548 Page Blvd

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.

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