

REC'D JAN 9 1948

318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

State File No. **43070**
Registrar's No. **12098**

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ednaught H. C. Phillips
(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)

3. (a) PRINT FULL NAME SALLY GREEN

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F 5. Color or race COL 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased: FEB 12 1905
(Month) (Day) (Year)

8. AGE: Years 42 Months 10 Days 19 If less than one day hr. min.

9. Birthplace: MISSISSIPPI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

MOTHER FATHER
11. Industry or business
12. Name GEORGE MITCHELL
13. Birthplace GA
(City, town, or county) (State or foreign country)
14. Maiden name SILVA MITCHELL
15. Birthplace MISSISSIPPI
(City, town, or county) (State or foreign country)

16. (a) Informant HENRY HOLLIS
(b) Address 3740 Fernside

17. (a) Burial (b) Date thereof 7/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director F. H. GREEN
(b) Address 4214 DELMAR

19. (a) JAN 5 1948 (b) J. H. Green
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MO
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2339 EUGENIA
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 31
year 1947 hour 7:30 minute PM M.

21. I hereby certify that I attended the deceased from 19 to 19 ;
that I last saw him alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Pontine Hemorrhage
Due to
Due to
Other conditions
(include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature Patrick G. Taylor (M. D. or other) Dep't
Address 1300 Clark Date signed 1/5/48

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

Rayton H Swan

Registered Apprentice No. *101*

working under my personal supervision.

Signed

F. G. Green

Licensed Embalmer No. *2963*

P. O. Address *4214 Delmar*

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.