S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10221 2258

FILED MAR 23 1948 318

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. ____

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: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4- Hours (Specify whether years, months or days)

In this community 36 Years

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. 3530 Lindell Blvd.
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Sylvia Mary Green

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife Joseph R. Green

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased January (Month) 23 (Day) 1910 (Year)

8. AGE: Years 38 Months 1 Days 12 If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name William Mayhew
13. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Roques
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Joseph R. Green
(b) Address 3530 Lindell Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 8, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemtery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. MAR 5 1948 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5, year 1948 hour 1:15 A. Minute ____ M.

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

Duration

Immediate cause of death 3rd Stage Eclampsia of baby [illegible] when girl [illegible] expelled in the bathroom of her home at 3530 Lindell Blvd on March 4th 1948 at about 8:30 P.M.

Due to ____

Due to ____

Other conditions (Include pregnancy within 3 months of death) 181

Major findings:
Of operations 15

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 Thomas J. Callen M. D. or other)

Address Coroner Date signed 3-5-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.