

No. 300
1-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 30 1948

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14132**
Registrar's No. **3890**

Registration District No. **318** Primary Registration District No. **1003**

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

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days** (Specify whether _____)
In this community **Life time.**
years, months or days

3. (a) PRINT FULL NAME **Rosetta Green**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 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 **March 21, 1899**
(Month) (Day) (Year)

8. AGE: Years **49** Months **1** Days **1** If less than one day _____ hr. _____ min.

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

10. Usual occupation **House work**

11. Industry or business **Home**

MOTHER FATHER { 12. Name **John Blackriver**
13. Birthplace **St. Louis, Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lonnie Green**
(b) Address **4340 Cote Brillante.**

17. (a) **Burial** (b) Date thereof **4/28/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **C.W. Roberts**
(b) Address **1416 N. Taylor Ave.**

19. (a) **APR 24 1948** (b) **J. F. Breder**
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Sto**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17**
(d) Street No. **1603 Chestnut St** (If rural, give location) **9**
(e) Citizen of foreign country? **25** (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **22**
year **1948** hour **7** minute **P** M.

21. I hereby certify that I attended the deceased from **4-19-**, 19 **48**, to **4-22**, 19 **48**;
that I last saw her alive on **4-22**, 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes Mellitus** Duration **Undet.**
Due to _____
Due to _____

Other conditions **Diabetic Acidosis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **No**
PHYSICIAN _____
Underline the cause to 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 **0**
23. Signature **Oscar F. Daniels** (M. D. or other) _____
Address **2601 N Whittier** Date signed **4/23/48**

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Fulton E Culkin

Licensed Embalmer No. 4198

P. O. Address Wrentham 13 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.