

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 **O**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 days  
(Specify whether)

In this community \_\_\_\_\_  
 years, months or days

**3. (a) PRINT FULL NAME** Peter Green

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 490-22-7935

4. Sex Male 5. Color or race Col.

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

6. (b) Name of husband or wife Katie 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 12 1899  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>49</u>	<u>3</u>	<u>19</u>	hr. _____ min.

**9. Birthplace** Edin Miss  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Packing work

**11. Industry or business** \_\_\_\_\_

**12. Name** George W. Green

**13. Birthplace** Edin Miss  
(City, town, or county) (State or foreign country)

**14. Maiden name** unk

**15. Birthplace** unk Miss  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Katie Green

**(b) Address** 2935 Lucas ave

**17. (a) burial** (Burial, cremation, or removal) **(b) Date thereof** 6-4-1948  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Washington Park

**18. (a) Signature of funeral director** J. F. Bredock

**(b) Address** 3133 Beff ave

**19. (a) JUN 7 1948** (Date of local record) **(b) J. F. Bredock** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County ool

(c) City or town St. Louis **17**  
(If outside city or town limits, write "RURAL")

(d) Street No. 2935 Lucas **7**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month June day 1  
 year 1948 hour 2 minute 30 p.m.

**21. I hereby certify that I attended the deceased from** May 25, 1948, June 1, 1948  
 that I last saw h im alive on June 1, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Probable Brucellosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

**Major findings:**

Of operations \_\_\_\_\_

Of autopsy No

**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)

(b) Means of injury \_\_\_\_\_

**23. Signature** Oscar H. Bredock (M. D. or other)

Address 2601 N Whittier

Date signed 6/2/48

Duration

1 week

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

*S. J. Watson*

Licensed Embalmer No. ....

*2698*

P. O. Address.....

*27690 Charter*

**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.**