FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34181

FILED OCT 30 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9037

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

1. PLACE OF DEATH:
(a) County
(b) City or town City St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary Hospital;
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-17-44/10-16-48 (Specify whether
In this community years, months or days)

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

3. (a) PRINT FULL NAME Evangelyn Green.
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Edward Green
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 75 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant Polly McKee
(b) Address 7225 W. Park
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10-18-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crem.
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
19. (a) OCT 19 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 16- year 48 hour 1 minute 30a. M.

21. I hereby certify that I attended the deceased from July 7, 1948, 19 to 10-16, 1948; that I last saw her alive on 10-16-, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Terminal Parkinsons Syndrome	
Due to generalized arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy same

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 Cletus L Krag, MD (M. D. or other)
Address 5600 Arsenal St St Louis Date signed Oct 16, 1948
CLETUS L KRAG

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

48
80
1865

9037

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 Not embalmed

Licensed Embalmer No.....

P. O. Address.....

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.