

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42800**

FILED JAN 21 1948

Registration District No. **347**

Primary Registration District No. **6076**

Registrar's No. **2059**

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5537 Wilborn
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Jennings
(If outside city or town limits, write "RURAL")
 (d) Street No. 5537 Wilborn
(If rural, give location)
 (e) Citizen of foreign country? _____
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH GREEN
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month 12 day 24
 year 1948 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____
DIED WITHOUT MEDICAL ATTENDANCE 19____
 that I last saw h_____ alive on _____, 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

4. Sex F 5. Color or race W 6. (a) ~~Single~~, ~~widowed~~, ~~married~~, ~~divorced~~
 6. (b) Name of husband or wife Emmett Green 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased Dec. 28 1888
(Month) (Day) (Year)

Cause unknown
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
PHYSICIAN

 Underline the cause to which death should be charged statistically.

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>11</u>	<u>26</u>	hr. _____ min. _____

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business
 12. Name John Lutz
 13. Birthplace Horine, Missouri
(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 Mr. Emmett Green
 (b) Address 5537 Wilborn

Major findings:
 Of operations _____
 Of autopsy _____
 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? _____

(c) Place: burial or cremation Memorial Park
 18. (a) Signature of funeral director L. B. Tamm
 (b) Address 6107 Natural Bridge Rd
 19. (a) 12-27-48 (Date received local registrar)
 (b) Thurston B. ... (Registrar's signature)

While at work? _____
(Specify type of place)
 (a) Means of injury _____
 23. Signature Thurston B. ... (M. D. ~~XXXX~~)
 Address Acting Commr. of Health Date signed 12-27-48

MOTHER FATHER

MAR 7 1949

JAN 15 1951

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 Me

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

Signed Elton R. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.