FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21989

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1354

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis 96
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond Hgts. 0 c. LENGTH OF STAY (in this place) 4 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glendale 11
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Marys Hospital	d. STREET ADDRESS (If rural, give location) 911 Moreland 1

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) MacDowell	c. (Last) Green	4. DATE OF DEATH (Month) June (Day) 4 (Year) 1949
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH June 7, 1872	9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 11 Days 27 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Photo engraving	11. BIRTHPLACE (State or foreign country) St. Louis 0	12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Green	13b. MOTHER'S MAIDEN NAME Martha E. Harris	14. NAME OF HUSBAND OR WIFE Cornelia		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Wayman Green	ADDRESS 205 Gilbert, Kirkwod	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardiac decompensation	Uncertain
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic CVR disease	Uncertain
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Bronchial asthma. 932	Uncertain

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none 4221	20. AUTOPSY? YES ☑ NO ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 31, 1949, *to* June 4, 1949, *that I last saw the deceased alive on* June 3, 1949, *and that death occurred at* 4:20 A. *from the causes and on the date stated above.*

23a. SIGNATURE Henry E. Oppenheimer (Degree or title) M.D. 0	23b. ADDRESS 508 N. Grand Blvd., St Louis 3, Mo	23c. DATE SIGNED June 6, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 6/6/49	24c. NAME OF CEMETERY OR CREMATORY Vahalla	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
DATE REC'D BY LOCAL REG. 6-6-49	REGISTRAR'S SIGNATURE Thurd Lunnigan M	25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger	ADDRESS Kirkwood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

M-851 Oppenheimer, Henry E. Metropolitan Bldg 300

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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed William H. Fitzsimmons

Licensed Embalmer No. X316

P. O. Address Kirkwood, 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.