

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28098
7747

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 25 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 27 2213 1/2 rear Franklin Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Flora			b. (Middle) D.		c. (Last) Green				
4. DATE OF DEATH		(Month) Sept.		(Day) 5		(Year) 1949			
5. SEX Female 3		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7-1-1914			
9. AGE (In years last birthday) 35		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Madison County, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John Ellison			13b. MOTHER'S MAIDEN NAME Corine Hall			14. NAME OF HUSBAND OR WIFE Roy Green			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willie Lee Reece, 2617 N. Leffingwell Ave				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Hypertension ANTECEDENT CAUSES Decompensation DUE TO (b) Hypertensive Heart Disease with DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia				INTERVAL BETWEEN ONSET AND DEATH Undet. "	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 102					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 444X					
22. I hereby certify that I attended the deceased from 8-27, 1949, to 9-5, 1949, that I last saw the deceased alive on 9-5, 1949, and that death occurred at 4 8. Am., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) James T. Hedrick M. D.				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 9-7-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-10-1949		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery St. Louis 6 Missouri		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG SEP 7 1949		REGISTRAR'S SIGNATURE J. B. Fusater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home, 2820 Stoddard St.					

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

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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 Fulton E. Culkin

Licensed Embalmer No. 1198

P. O. Address St. Louis 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.