

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38765

FILED DEC 6 1949

State File No. ....

10135

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** 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 Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) East St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge		STREET ADDRESS (If rural, give location) 1462 Illinois	
3. NAME OF DECEASED (Type or Print) a. (First) Cloud		b. (Middle) Green	
c. (Last) Green		4. DATE OF DEATH (Month) (Day) (Year) Nov 23 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH June 20, 1917
9. AGE (In years last birthday) 32		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool & Tie Maker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ridgeway Ill
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Theodore Green	
13b. MOTHER'S MAIDEN NAME Mary Arnold		14. NAME OF HUSBAND OR WIFE Doris Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. World #2	
17. INFORMANT'S SIGNATURE OR NAME Doris Green		ADDRESS East St. Louis, Ill	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Squamous cell Carcinoma of the left main bronchus with metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with metastases DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 4 Mo. 2 Mo.		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)
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? 49 163 X	
22. I hereby certify that I attended the deceased from 9-7, 1949, to Nov. 23, 1949, that I last saw the deceased alive on Nov. 23, 1949, and that death occurred at 12:00 p.m., from the causes and on the date stated above.			
23a. SIGNATURE A. J. Steiner (Degree or title)		23b. ADDRESS Mo. Theatre Bldg.,	
23c. DATE SIGNED Nov. 25, 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 26, 1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel	24d. LOCATION (City, town, or county) Belleville, Ill (State)
DATE REC'D BY LOCAL REG. NOV 25 1949	REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE Chas. Luke	ADDRESS East St. Louis Ill

(Licensed Embalmer's Statement on Reverse Side)

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

Missouri Inmate Bldg.

Steiner

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 Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill

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.