

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

38766
State File No. 10352

318

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 10352

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital No. 1		d. STREET ADDRESS (If rural, give location) 1340 McCausland Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) HARRIETT	b. (Middle) ASEITH	c. (Last) GREEN	4. DATE OF DEATH (Month) (Day) (Year) November 30, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 10, 1878	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 7 years	10b. KIND OF BUSINESS OR INDUSTRY Clerk	11. BIRTHPLACE (State or foreign country) Greyville Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ebenezer Litherland	13b. MOTHER'S MAIDEN NAME Susan Blood	14. NAME OF HUSBAND OR WIFE John Green
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none	16. SOCIAL SECURITY NO. 493-01-6941	17. INFORMANT'S SIGNATURE OR NAME Mrs. Frances E. Stead	ADDRESS 1340 McCausland
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES			
	DUE TO (b) <i>Atherosclerosis of Cerebral Arteries</i>			
DUE TO (c) <i>Cerebral Arteries</i>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>St. Louis</i>
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2. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:25 A m., from the causes and on the date stated above.

3a. SIGNATURE <i>Joseph M. [Signature]</i>	(Degree or title)	23b. ADDRESS 1300 Clair	23c. DATE SIGNED 12/1/49
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4. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 2, 1949	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Missouri
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5. REG'D BY LOCAL REG. 1949	REGISTRAR'S SIGNATURE <i>J. B. [Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Shepard Funeral Home, 1167 Hamilton Ave
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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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Guy W. Wilkins

Licensed Embalmer No. 3575

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.