S. No. 300
EV. 10.48

2059

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2525

318 1003 33

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Cook
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chicago
d. STREET ADDRESS (If rural, give location): 750 Root St.

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3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): E.
c. (Last): Green

4. DATE OF DEATH (Month) (Day) (Year): Jan. 1, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ~~Married~~ DIVORCED
8. DATE OF BIRTH: Dec. 27, 1897
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Watchman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Wayne Co., Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: George Green
13b. MOTHER'S MAIDEN NAME: Mary Lyons
14. NAME OF HUSBAND OR WIFE: L. LETHA ~~Mary~~ Green

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.: Unknown
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: June Turner, 2752 Bacon St.

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) Cerebral Hemorrhage – Right to — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Arthritis deformans. — 19 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

443X

22. *I hereby certify that I attended the deceased from* Dec. 28, 1949, *to* Jan 1, 1950, *that I last saw the deceased alive on* Dec. 31, 1949, *and that death occurred at* 1 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank G. Obermeyer M.D.
23b. ADDRESS: 3103 Arsenal St.
23c. DATE SIGNED: 1/3/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-2-50
24c. NAME OF CEMETERY OR CREMATORY: Ten Oaks
24d. LOCATION (City, town, or county) (State): Wayne Co., Ill.

DATE REC'D BY LOCAL REG.: JAN 3 1950
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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 J. Wm Buckley
Licensed Embalmer No. 2653
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.

State of Missouri
City
County of St. Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 2525 50

Local Registrar's No. 33

On this 29th day of January, 1950 before me appears June E. Turner, who, upon her oath, states that the original record of death for James E. Green died January 1, 1950 in the State of Missouri, and which was filed at January 2 on, 1950, should be corrected as follows:

Item No. 7 should read Divorced

Instead of Married

Item No. 14 should read Letha Green

Instead of Mary Green

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Mrs June E. Turner

Relationship Daughter

2762A Bacon St.
St. Louis, Mo.
Present Address

Subscribed and sworn to before me this 29 day of January, 1950

My Commission expires My Commission Expires Sept. 23, 1951

Edna A. Baxter Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
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