

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14570**
Registrar's No. **3979**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3979	
I. 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) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1717 S. 12th St. 23				d. STREET ADDRESS (If rural, give location) 1717 S. 12th St			
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) JAMES c. (Last) GREEN			4. DATE OF DEATH (Month) (Day) (Year) 5-1-50				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED	8. DATE OF BIRTH 9-29-87	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Michael J. Green		13b. MOTHER'S MAIDEN NAME Katherine Mary McQuib		14. NAME OF HUSBAND OR WIFE MARGRET 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 Mrs. Margret Green 1717 S. 12th			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lowel Obstruction DUE TO (c) Umbilical Hernia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 560.2			
22. I hereby certify that I attended the deceased from 195 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Patrick E. Taylor Corb				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5-2-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-4-50	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETARY		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. MAY 2 1950		REGISTRAR'S SIGNATURE J.B. Koster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.J. Schaub 3125 Lafayette			

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

JUL 14 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Joseph B. Vollmer

Signed.....
Student Embalmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

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

State File No. 14 5705

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3979

On this 14 day of Aug, 1950 before me appears EJ Schuur

who, upon ser oath, states that the original record of birth
for Edward J. Green died May 1,
born 1950, in the State of
Missouri, and which was filed at St. Louis on , 19 , should be corrected as follows:

Item No. 8 should read Sept 5,

Instead of Sept 25

Item No. should read

Instead of

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

(SEAL)

Affiant EJ Schuur Undertaker
Relationship.

3125 Lafayette
Present Address.

Subscribed and sworn to before me this 14 day of Aug, 1950

My Commission expires 12-6-52 Bernard F. Tolmer Notary Public.

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