

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38553

State File No. 9851

FILED DEC 1 1950

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>318</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>1 Week</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2059</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Baptist Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>5127 Raymond Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Benjamin</b> b. (Middle) <b>F.</b> c. (Last) <b>Green</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 19 1950</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov. 8 1871</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machenist ; Art-Craft Venetian blind</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>New Jersey</b>		11. BIRTHPLACE (State or foreign country) <b>New Jersey</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Chester Green</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Bunn</b>		14. NAME OF HUSBAND OR WIFE <b>Rose Green</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>493-24-7327A</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Rose Green; 5127 Raymond Ave.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocarditis</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Tobacco Pneumonia</b> DUE TO (c) <b>Acute Gastro-Enteritis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b> <b>24 hrs.</b> <b>48 hrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>490X</b>			
22. I hereby certify that I attended the deceased from <b>11/19 1950</b> to <b>11/19 1950</b> , that I last saw the deceased alive on <b>11/19 1950</b> , and that death occurred at <b>12:30 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Charles Beharvus MD</b> (Degree or title)				23b. ADDRESS <b>5298<sup>a</sup> Page</b>		23c. DATE SIGNED <b>11/20/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11/21/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Decatur Ill.</b>		
DATE REC'D BY LOCAL REG. <b>NOV 20 1950</b>		REGISTRAR'S SIGNATURE <b>J B Casaler</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Drehmann-Harral; 1905 Union Blvd.</b>			

Dr. Charles Harris;  
5298 Page Blvd.,  
( , )

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 Albert R. Thompson - J

Signed.....  
Student Embalmer

Licensed Embalmer No. 42257

P. O. Address H. Jones

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.