

FILED JUN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19239

BIRTH NO. _____ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 4531 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY Warren

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission).
a. STATE Missouri b. COUNTY Warren

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. 2009

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Marie Jane Memorial Home

d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED
a. (First) Catherine (Dora) b. (Middle) Green c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) May 14, 1951

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Sept. 11, 1872

9. AGE (In years last birthday) 78

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Florissant, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Henry Greely

13b. MOTHER'S MAIDEN NAME Louise Aubuchon

14. NAME OF HUSBAND OR WIFE Robert Green (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. C. J. Thurman, Rt. 6, Box 285, Tulsa, Okla.

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) Bacterial Hemorrhagic sepsis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Stomach
DUE TO (c) Generalized Atherosclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility

INTERVAL BETWEEN ONSET AND DEATH
2 days

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____ 151X

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from April 4, 1951, to May 14, 1951, that I last saw the deceased alive on May 13, 1951, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold J. Hollister MD

23b. ADDRESS Warrenton Mo

23c. DATE SIGNED 5-17-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-17-51

24c. NAME OF CEMETERY OR CREMATORY St. Ferdinand

24d. LOCATION (City, town, or county) (State) Florissant, Mo.

DATE REC'D BY LOCAL REG. 5-18-51

REGISTRAR'S SIGNATURE Floyd Logan

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd. St. Louis, Mo

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

096
4

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 7 1951

RECEIVED

JUN 7 1951

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

G. W. Wilkinson

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.