

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21033

FILED JUN 23 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5432**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY OR TOWN St Louis	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St Louis	2169
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 3146 Arkansas bltal 8	

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) C c. (Last) Green	4. DATE OF DEATH (Month) (Day) (Year) June 13, 1951					
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 3, 1879	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 2 WKS. Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Confectionary	11. BIRTHPLACE (State or foreign country) North Carolina	12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Richard Green	13b. MOTHER'S MAIDEN NAME Rhoda Graybeal	14. NAME OF HUSBAND OR WIFE Lucille Green
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucille Green 3146 Arkansas

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pylovic obstruction due to gastric ulcer		INTERVAL BETWEEN ONSET AND DEATH 2 wks 3 days 1 wk
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremia DUE TO (c) Gastric resection		
	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 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 571.0

22. I hereby certify that I attended the deceased from 6-1, 1951, to 6-13, 1951, that I last saw the deceased alive on 6-13, 1951, and that death occurred at 5:50P m., from the causes and on the date stated above.

23a. SIGNATURE <i>Sgt H. Klein</i>	(Degree or title)	23b. ADDRESS 2632 S Kingshighway	23c. DATE SIGNED 6-14-51
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6/16/51	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) Affton, Mo.

DATE REC'D BY LOCAL REG. JUN 14 1951	REGISTRAR'S SIGNATURE <i>J. B. Lascater</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 2027 Gravois

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.