

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42968**
Registrar's No. **11782**

FILED JAN 16 1952

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

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 221		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) township) 30 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 1515 a No Leffingwell
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G Phillips Hospital			d. STREET ADDRESS (If rural, give location) 1515 a No Leffingwell		
3. NAME OF DECEASED (Type or Print) a. (First) Della		b. (Middle)	c. (Last) Green	4. DATE OF DEATH (Month) (Day) (Year) Dec. 27 1951	
5. SEX Female 3	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH July 3, 1886	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Mississippi 1		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Frank Jackson		13b. MOTHER'S MAIDEN NAME Lucie ?		14. NAME OF HUSBAND OR WIFE Walter Green	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Green 1515 a No Leffingwell			
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) Uremia ANTECEDENT CAUSES DUE TO (b) Hypertensive Cardiovascular Disease Undet. DUE TO (c) Cardiac Deompensation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None INTERVAL BETWEEN ONSET AND DEATH				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	21f. HOW DID INJURY OCCUR? 443X		
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"/>	22. I hereby certify that I attended the deceased from 12-25 , 19 51 , to 12-27 , 19 51 , that I last saw the deceased alive on 12-27 , 1951, and that death occurred at 7:20p m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Walter Green M.D.		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 12-28-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Jan 4/52	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cem	24d. LOCATION (City, town, or county) (State) St Louis MO	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. C. Allen 4214 Delmar	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 3 1952 REG	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. C. Allen 4214 Delmar	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. C. Allen 4214 Delmar			

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

F. A. Green

Signed.....

Student Embalmer

Licensed Embalmer No. *42963*

P. O. Address

4214 Delmar

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.