.S. No. 300
EV. 10-48

FILED DEC 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40616

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10910

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DePaul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) East St. Louis 8120
d. STREET ADDRESS (If rural, give location) 29 Granvue Drive

3. NAME OF DECEASED (Type or Print)
a. (First) Florence
b. (Middle) Green
c. (Last) Predmore

4. DATE OF DEATH (Month) Nov. (Day) 26 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 11-13-1877
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (State or foreign country) Opelika, Ala.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. Randolph Green
13b. MOTHER'S MAIDEN NAME Antonette Van Zandt
14. NAME OF HUSBAND OR WIFE Dr. G.M.Predmore(dec.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Estelle Fraser — ADDRESS 29 Granvue Dr. E.St.Louis, Ill.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarct, acute — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Heart Failure
DUE TO (c) Arteriosclerotic Heart Disease old

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Phlebotrombosis, old, severe

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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? 4200

22. *I hereby certify that I attended the deceased from* ab. 1 year ago, *to* 11.25, 1952 *that I last saw the deceased alive on* 11.25, 1952, *and that death occurred at* 1A *m., from the causes and on the date stated above.*

23a. SIGNATURE Alex Harell (Degree or title) M.D.
23b. ADDRESS 216 Wall Bldg St Louis
23c. DATE SIGNED 11.26.52

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE 11-28-52
24c. NAME OF CEMETERY OR CREMATORY Valhalla Chapel of Memories
24d. LOCATION (City, town, or county) St.Louis (State) Mo.

DATE REC'D BY LOCAL REG. NOV 26 1952
REGISTRAR'S SIGNATURE J. Earl Smith M.D. MJB
25. FUNERAL DIRECTOR'S SIGNATURE [signature] — ADDRESS E.St.Louis, Ill.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

NOT EMBALMED

Signed _____ Student Embalmer

Signed A G Kurren Jr

Licensed Embalmer No. 3162

P. O. Address 2525 State Street E.St.Louis, Illinois

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.