

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12758

State File No.

24517
FILED APR 11 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 938

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park c. LENGTH OF STAY (in this place) 5 days
 d. FULL NAME OF HOSPITAL OR INSTITUTION Cedarcroft Nursing home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Randolph
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clifton Hill 1880
 d. STREET ADDRESS (If rural, give location) None

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

4. DATE OF DEATH (Month) (Day) (Year)
March 30-1953

5. SEX Male 6. COLOR OR RACE White

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

8. DATE OF BIRTH
April 12-1952

9. AGE (In years last birthday) Months Days
0 11 18

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
none

10b. KIND OF BUSINESS OR INDUSTRY
none

11. BIRTHPLACE (City and State or Foreign Country)
St. Louis Missouri

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Thomas E. Green

13b. MOTHER'S MAIDEN NAME
Mildred McLain

14. NAME OF HUSBAND OR WIFE
none

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
Mildred Green Clifton Hill Mo.

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ptch. mening. acute
 ANTECEDENT CAUSES DUE TO (b) Infection
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (c) Hydrocephalus
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
3910

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) m.

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 _____, 19____, to 3-18, 1953, that I last saw the deceased alive on 3-30, 1953, and that death occurred at 6:40 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
M. Kopelman

23b. ADDRESS
3409 Union

23c. DATE SIGNED
3-30-53

24a. BURIAL CREMATION (Remove check)
 Burial

24b. DATE
March 31-1953

24c. NAME OF CEMETERY OR CREMATORY
Clifton Hill Cemetery

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

DATE REC'D BY LOCAL REG. REMOVAL
3-30-53

REGISTRAR'S SIGNATURE
Herbert R. Dorsch-M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
C.B. Winkelmayer, Salisbury, Mo.

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 _____

NOT Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Chas B Winkehneger

Licensed Embalmer No. *3842*

P. O. Address *Salisbury, 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.