

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15541

State File No. _____

3497

FILED APR 18 1953

318

REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1002

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <i>ST. LOUIS 2119</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer A. Phillips</i>		d. STREET ADDRESS (If rural, give location) <i>3043 Magazine</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>Green</i>		b. (Middle)		c. (Last) <i>Caldwell</i>			
4. DATE OF DEATH (Month) (Day) (Year) <i>Mar. 28 1953</i>		5. SEX <i>Male</i>		6. COLOR OR RACE <i>Col</i>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>		8. DATE OF BIRTH <i>Nov. 15 1877</i>		9. AGE (In years last birthday) Months Days <i>75</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>La.</i>			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME <i>Florence Green Robinson</i>		ADDRESS <i>111</i>					
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) _____ ANTECEDENT CAUSES DUE TO (b) <i>Coronary Occlusion</i> DUE TO (c) <i>Arterio Sclerosis</i> II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>4201</i>			
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>11:55</i> m., from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) <i>Patrick E Taylor Coroner</i>		22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>4.2.53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>April 3 1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Oak Dale Cem.</i>			
24d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo</i>		DATE REC'D BY LOCAL REG. <i>APR 2 1953</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>			
25. FUNERAL DIRECTOR'S SIGNATURE <i>F. L. Green</i>		ADDRESS <i>4214 Delmar</i>					

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.

Student
Student Embalmer

Signed F. A. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Selman

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.