FILED JUN 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19437

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4924

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MO
c. LENGTH OF STAY (in this place): 16 DAYS

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis Childrens Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: Maries

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): VICHY 0630

d. STREET ADDRESS (If rural, give location): ROUTE #1

3. NAME OF DECEASED (Type or Print)
a. (First): DOUGLAS
b. (Middle): EUGENE
c. (Last): GREEN

4. DATE OF DEATH (Month) (Day) (Year): 5 - 14 - 53

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 10-2-52
9. AGE (In years last birthday): If under 1 year: Months 7 Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): FAYETTVILLE, ARK.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: DONALD GREEN
13b. MOTHER'S MAIDEN NAME: ETHEL STARR
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: J. EGAN 500 So. KINGSHIGHWAY ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congenital heart disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) pulmonary stenosis
DUE TO (c) overriding of the aorta
I.V. Septal defect

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 ☑ 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?

7542

22. *I hereby certify that I attended the deceased from* 4-28, 1953, *to* 5-14-, 1953, *that I last saw the deceased alive on* 5-14, 1953, *and that death occurred at* 10:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Don L Thurston MD
23b. ADDRESS: Childrens Hospital
23c. DATE SIGNED: 5-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-15-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Rolla, Mo.

DATE REC'D BY LOCAL REG.: MAY 15 1953
REGISTRAR'S SIGNATURE: J Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.

(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.

Student .....
Student Embalmer

Signed John S. Dennehe

Licensed Embalmer No. 4194

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.