

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUN 4 1953

State File No. **19438**
Registrar's No. **5085**

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. STREET ADDRESS (If rural, give location) 1840 Division	
3. NAME OF DECEASED (Type or Print) Emanuel a. (First) _____ b. (Middle) _____ c. (Last) Green		4. DATE OF DEATH (Month) (Day) (Year) May 15 1953	
5. SEX Male 6. COLOR OR RACE Col 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 8, 1908 9. AGE (In years last birthday) 45 # UNDER 1 YEAR Months _____ # UNDER 1 YEAR Days _____ # UNDER 1 MIN. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed 10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Ebenezer, Miss 12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Frank Green 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Willie Jane Green			
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. _____ 17. INFORMANT'S SIGNATURE OR NAME Willie Jane Green, 1840 Division St 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition and Dehydration ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) Hypertensive Cardiovascular Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) _____			
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"/>		21f. HOW DID INJURY OCCUR? 443X	
22. I hereby certify that I attended the deceased from <u>5-6</u>, 19<u>53</u>, to <u>5-15</u>, 19<u>53</u>, that I last saw the deceased alive on <u>5-15</u>, 19<u>53</u>, and that death occurred at <u>8:25a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Edna Brooks</i> (Degree or title) M. D. 23b. ADDRESS 2601 N Whittier St 23c. DATE SIGNED 5-18-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 5/21/53 24c. NAME OF CEMETERY OR CREMATORY Booker T. Washington 24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois			
DATE REC'D BY LOCAL REG. MAY 20 1953 REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i> (Licensed Embalmer's Statement on Reverse Side)		25. FUNERAL DIRECTOR'S SIGNATURE R. M. C. Green, 4060 Washington Ave. ADDRESS _____	

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 Melvin E. Green

Licensed Embalmer No. 4428

P. O. Address St. Louis

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.