

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

45322

State File No.

12176

Registrar's No.

FILED JAN 19 1954

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.	
1. PLACE OF DEATH a. COUNTY <u>0</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>30 yrs.</u>	c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>4217 Enright Avenue</u> 2119		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Jay</u>	c. (Last) <u>Green</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 1, 1884</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR <u>4</u> MONTHS <u>23</u> DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ed. of Education</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda (?)</u>	14. NAME OF HUSBAND OR WIFE <u>Annie B. Green</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Annie B. Green, 4217 Enright Ave.</u> ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myelogenous leukemia</u>				
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2041</u>		
22. I hereby certify that I attended the deceased from <u>Dec. 7, 1953</u> , to <u>Dec. 24, 1953</u> , that I last saw the deceased alive on <u>Dec. 24, 1953</u> , and that death occurred at <u>11:40a m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>JR Bradley</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>600 S. Kingshighway</u>		23c. DATE SIGNED <u>12/24/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12/26/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lexington, Kentucky</u>	24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>DEC 26 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. Gates, 4107 Finney Ave.</u> 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.....
Signature of Student Embalmer

Signed *Arthur L. Holliard*

Licensed Embalmer No..... 4221

P. O. Address 4107 Finney

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.