

35408

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8623

No. 300

10.48

FILED OCT 26 1954

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 8623 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | | c. LENGTH OF STAY (In this place) _____ | | c. CITY OR TOWN St. Louis | | d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital | | | | STREET ADDRESS (If rural, give location) 4 1422 Tamm Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) NORA | | b. (Middle) C. | | c. (Last) GREEN | | 4. DATE OF DEATH (Month) (Day) (Year) Sep. 19 1954 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Feb. 25, 1893 | |
| 9. AGE (In years last birthday) 61 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) Kentucky | |
| 13a. FATHER'S NAME Pete Crowe | | | | 13b. MOTHER'S MAIDEN NAME Marry Berry | | 14. NAME OF HUSBAND OR WIFE Charles Green | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Charles Green ADDRESS 1422 Tamm Ave. | | | |
| 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) Suffocation, due to drowning when deceased walked into Mississippi River, Sept 19, 1954 near the foot of Pratt St. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS suicide, while suffering from Conditions contributing to the death but not related to the disease or condition causing death temporary mental derangement | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE Suicide (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) River | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Sept 19 1954 3:50 p.m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? E975X | | | |
| 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 3:50 p.m. m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Patrick C. Taylor Coroner | | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 9/21/54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Sep. 22, 1954 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REG. SEP 21 1954 | | REGISTRAR'S SIGNATURE J. Carl Smith Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE: ADDRESS Kriegshauser 4228 S. Kingshighway Bl. | | | |

WRITE PLAINLY.—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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 *Edwin M. Gammatt*
Licensed Embalmer No. 302

P. O. Address.....

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.