

FILED APR 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9636**
Registrar's No. **2717**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 9636		Registrar's No. 2717			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY							
b. CITY OR 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 checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillip Hosp				e. STREET ADDRESS (If rural, give location) 220^a Marriou 2239							
3. NAME OF DECEASED (Type or Print) a. (First) Henry			b. (Middle)			c. (Last) Green			4. DATE OF DEATH (Month) (Day) (Year) 3-23-55		
5. SEX Male		6. COLOR OR RACE neuro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 17, 1906		9. AGE (In years last birthday) 48		10. IF UNDER 1 YEAR OF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Labor			10b. KIND OF BUSINESS OR INDUSTRY Labor		11. BIRTHPLACE (City and State or Foreign Country) Hunbarton S.C.			12. COUNTRY OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME William H. Green				13b. MOTHER'S MAIDEN NAME Leola Butler			14. NAME OF HUSBAND OR WIFE Unknown				
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. 486-162397		17. INFORMANT'S SIGNATURE OR NAME Laura Green ADDRESS 220 Marriou						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro Intestinal Hemorrhage									
		ANTECEDENT CAUSES									
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Hypertensive Cardia</p> <p>DUE TO (c) Vascular Disease</p>									
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) 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:05 PM , from the causes and on the date stated above.											
22a. SIGNATURE (Degree or title) James M Kelly Deputy Coroner					22b. ADDRESS 1300 Clark			22c. DATE SIGNED 3/26/55			
23a. BURIAL, CREMATION, REMOVAL (Specify) shop		23b. DATE 3-21-55		23c. NAME OF CEMETERY OR CREMATORY Barnwell - South Carolina			23d. LOCATION (City, town, or county) (State)				
DATE REC'D BY LOCAL REG. MAR 26 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE A.H. Burks ADDRESS 3506 Franklin						

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 *John J. Handell*

Licensed Embalmer No. *424*

P. O. Address *Robt. J.*

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.