

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 5 1956

1003

1928

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>2 1/2 days</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Chronic Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>222 319 S. 21st. Street 222 1/2</b>			
3. NAME OF DECEASED (Type or Print) <b>Ernest Green</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2/18/1956</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	
8. DATE OF BIRTH <b>1/16/77</b>		9. AGE (In years last birthday) <b>79</b>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 1 HR. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>unemployed</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>North Carolina</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Wright Green</b>		13b. MOTHER'S MAIDEN NAME <b>Holland Green</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Chronic Hospital, 5600 Arsenal</b>	
17. ADDRESS _____					

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		II. OTHER SIGNIFICANT CONDITIONS <b>Hypostatic Pneumonia</b>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Cerebral Arteriosclerosis</b>			
		DUE TO (c) _____			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>332X</b>		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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 2/2/56, 1956, to 2/18, 1956, that I last saw the deceased alive on 2/18, 1956, and that death occurred at 3:20P m., from the causes and on the date stated above.

23a. SIGNATURE <b>Gene M. Janaka, M.D.</b> (Degree or title)		23b. ADDRESS <b>5600 Arsenal</b>		23c. DATE SIGNED <b>Feb. 20, 1956</b>	
--	--	----------------------------------	--	---------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>2/24/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
---	--	--------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <b>FEB 23 1956</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Atkins Bros.</b>		ADDRESS <b>3644 Finney Ave.</b>	
---	--	--	--	--	--	---------------------------------	--

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..... *S J Watson*  
Licensed Embalmer No. *269*  
P. O. Address *2769*

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.