

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43104

FILED JAN 15 1957

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Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS MO</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>1627 S. 9th ST.</i>				Length of stay in <i>23</i> days		STREET ADDRESS <i>1627 S. 9th ST</i>		
3. NAME OF DECEASED (Type or print) First <i>JAMES</i> Middle <i>T.</i> Last <i>GREEN</i>				4. DATE OF DEATH Month <i>DEC.</i> Day <i>20</i> Year <i>1956</i>				
5. SEX <i>MALE</i>		6. COLOR OR RACE <i>WHITE</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>SEPT 4, 1883</i>		
9. AGE (In years last birthday) <i>73</i>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED RIVETER</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>AMERICAN BED</i>		11. BIRTHPLACE (City and state or country) <i>MO</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>JAMES GREEN</i>				14. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <i>488-16-9402</i>		17. INFORMANT <i>CLIFFORD GREEN 1627 S. 9th</i>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterio Sclerotic Heart Disease</i> DUE TO (b) <i>Arterio Sclerosis</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <i>420.0</i>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>11:59 A. M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Patrick C. Taylor Carauer</i>				22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>12.22.56</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>DEC. 27 1956</i>		23c. NAME OF CEMETERY OR CREMATORY <i>PARK LAWN CEM.</i>		23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS MO</i>		
24. FUNERAL DIRECTOR <i>Thomas Ruten 2906 Harris</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 22 1956</i>		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith md</i>				

(Licensed Embalmer's Statement on Reverse Side)

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Doctor, Coroner, or other person certifying to the cause of death must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....

*Leo J. Budd*

Licensed Embalmer No. *39*

P. O. Address: *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.