

XC 16 881 229

SL 10887 FILED MAY 27 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

STATE FILE NUMBER

18717

4492

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 <b>ILLINOIS</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>915 N Grand St. Louis, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>EAST ST. LOUIS</b> <b>8120</b> <b>8</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>V.A. HOSPITAL</b>		Length of stay in lb <b>28 Days</b>		d. STREET (If outside, give location) ADDRESS <b>808 (Rear) Trendley</b>	
3. NAME OF DECEASED (Type or print) First <b>LAFAYETTE</b> Middle Last <b>GREEN</b>			4. DATE OF DEATH Month <b>5</b> Day <b>9</b> Year <b>57</b>		
5. SEX <b>MALE</b> <b>2</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7/26/92</b>	9. AGE (In years last birthday) <b>64 yrs.</b>	IF UNDER 1 YEAR Months Days 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>Unknown</b>		11. BIRTHPLACE (City and state or country) <b>Forsythe, Georgia</b>	
13. FATHER'S NAME <b>Dan Green</b>			14. MOTHER'S MAIDEN NAME <b>Lorina Pyle</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES</b> <b>WW-1</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT Address <b>V. A. HOSPITAL REGRDS ST. LOUIS, MO.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>SEVERE CONFLUENT BRONCHOPNEUMONIA</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>CARCINOMA OF THE LARYNX</b> DUE TO (c) <b>- - -</b>					INTERVAL BETWEEN ONSET AND DEATH <b>UNK</b>  <b>UNK</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>161x</b>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <b>NONE</b>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>- - -</b>			
20c. TIME OF INJURY Hour Month, Day, Year 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 <b>4/13/57</b> to <b>5/9/57</b> and last saw <del>him</del> <b>him</b> alive on <b>5/9/57</b> Death occurred at <b>1:50 pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Westphaelinger</b> (Type or Print)			22b. ADDRESS <b>V.A. HOSPITAL ST. LOUIS, MO.</b>		22c. DATE SIGNED <b>5/9/57</b>
23a. FINAL CREATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
<b>Removal</b>		<b>May 14, 1957</b>		<b>National Cemetery</b>	
24. FUNERAL DIRECTOR <b>G. Wade Granberry</b>		ADDRESS <b>4202 Finney Ave.</b>		25. DATE RECD. BY LOCAL REG. <b>MAY 11 '57</b>	
26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b> <b>mJB</b>					

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 *Leroy W. Gannister*

Licensed Embalmer No. *450*

P. O. Address *4257 Wood*

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.