ept. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1958

STATE FILE NUMBER 45856

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12483

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 1045 Sells — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 38 1045 Sells — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First John Middle P Last Green	4. DATE OF DEATH Month December Day 24th Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH December 14 1889
9. AGE (In years last birthday) 68	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) Switchman	10b. KIND OF BUSINESS OR INDUSTRY R.I. RR	11. BIRTHPLACE (City and state or country) Montgomery W.Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Harry Green	13b. MOTHER'S MAIDEN NAME Katherine Parry	14. NAME OF HUSBAND OR WIFE Esther Green	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.I (1452963)	16. SOCIAL SECURITY NO. 707-16-7649	17. INFORMANT Address Esther Green 1045 Sells	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hemaplegia R Side

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chronic Interstitial nephritis

DUE TO (c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 592X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT SUICIDE HOMICIDE [ ] None [ ]	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None
20c. TIME OF INJURY Hour, Month, Day, Year a.m. p.m. None	None
20d. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ] None	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None
20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from June 23 1951 to 12 24 57 and last saw her/him alive on 12-24-1957

Death occurred at 2:35 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. F. Harmann M.D.	22b. ADDRESS 2739 N Grand St Louis Mo	22c. DATE SIGNED 12/26/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-28-57	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) St. Louis Co. (State) Mo.
24. FUNERAL DIRECTOR Diedrich Funeral Home ADDRESS 8319 Hallsferry	25. DATE RECD. BY LOCAL REG. DEC 27 57	26. REGISTRAR'S SIGNATURE J Earl Smith MD MJB	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. L.

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.