

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45858  
STATE FILE NUMBER  
12268

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

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>JEFFERSON</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS MO</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>KINMSWICK MO</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ALEXIAN BROS HOSP</b>				Length of stay in lb <b>19 DAYS</b>		d. STREET ADDRESS (If outside, give location) <b>KINMSWICK MO</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>RUBEN</b> Middle <b>E.</b> Last <b>GREEN</b>				4. DATE OF DEATH <b>DEC. 19 1957</b> Month Day Year				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>MAR. 11 1895</b>		9. AGE (In years last birthday) <b>62</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>MERCHANT</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>TAVERN</b>		11. BIRTHPLACE (City and state or country) <b>BOWLINGGREEN KY.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>MACK GREEN</b>				14. MOTHER'S MAIDEN NAME <b>PLANEE GREEN Nee GREGORY</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>4880 99 625</b>		17. INFORMANT <b>MRS. R. E GREEN KINMSWICK MO</b> Address				
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>myocardial infarction</b> <b>arteriosclerotic heart disease</b> <b>arterio-sclerotic heart disease</b> DUE TO (b) <b>arterio-sclerotic heart disease</b> DUE TO (c) <b>Cirrhosis of liver</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)							INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b> <b>2 yrs</b> <b>5 yrs</b>	
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.) <b>420.0</b>					
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year								
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.) <b>Jan 1955</b>		20f. CITY, TOWN, OR LOCATION <b>Dec. 1957</b>		COUNTY STATE		
21. I attended the deceased <b>15 Jan 55</b> and last saw him alive on <b>Dec 19, 57</b> Death occurred at <b>2 1/2 a. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Geo. O' Sullivan M.D.</b>				22b. ADDRESS <b>7629 Ivory</b>		22c. DATE SIGNED <b>12-20-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<b>REMOVAL</b>		<b>DEC. 20 1957</b>	<b>ST. JOSEPH CEMETERY</b>		<b>KINMSWICK MO</b>			
24. FUNERAL DIRECTOR ADDRESS <b>HEILIGTAG FUNERAL HOME IMPERIAL MO</b>			25. DATE RECD. BY LOCAL REG. <b>DEC 21 57</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith MO</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 *Elmer A. Light* .....

Licensed Embalmer No. *3571*

P. O. Address *Imperial* .....

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.