

FILED JAN 23 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47546
STATE FILE NUMBER
Registrar's No. 12766

Registration District No. 318 Primary Registration District No. 1003

V. S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY	
b. CITY OR TOWN <u>ST. LOUIS - MO</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS - MO</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4360 Washington</u>		d. STREET ADDRESS (If outside, give location) <u>1970 H360 WASHINGTON</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JOE.</u> Middle <u>C</u> Last <u>GREEN.</u>		4. DATE OF DEATH Month <u>12</u> Day <u>29</u> Year <u>57</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-1-1887</u>
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>	11. BIRTHPLACE (City and state or country) <u>CHATTNOUGIA TENN</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13. NAME OF FATHER'S NAME <u>HENRY GREEN</u>	
13b. MOTHER'S MAIDEN NAME <u>MAGGIE JORDAN</u>		14. NAME OF HUSBAND OR WIFE <u>ROXIE GREEN</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) <u>WW II</u>		16. SOCIAL SECURITY NO. <u>491-16-7283</u>	
17. INFORMANT <u>FRIEND</u>		Address <u>MRS. BROWN H360 WASHINGTON AVE</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio Sclerotic Heart Disease</u> DUE TO (b) <u>Fracture of Left Lower Femur.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ 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 <u>E904.0 21</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. Enter nature of injury in PART I (a) / PART II (c) of item 18.) <u>Slipped in fall at home on</u>		20c. TIME OF INJURY Hour <u>1000</u> a.m. Month, Day, Year <u>12 11 57</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
20f. CITY, TOWN, OR LOCATION <u>St Louis MO</u>		STATE <u>MO</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>907 97</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Joseph M. Clark</u> (Do not print)		22b. ADDRESS <u>room 1300 Clark</u>	
22c. DATE SIGNED <u>1/4/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVE</u>	23b. DATE <u>1/6/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>JEFFERSONBARK MO</u>
24. FUNERAL DIRECTOR <u>PEASTON, AN-SON, FURNEL HOME</u>		ADDRESS <u>3615 EASTON</u>	25. DATE RECD. BY LOCAL REG. <u>JAN 4 '58</u>
26. REGISTRAR'S SIGNATURE <u>J. Earl Smith MO</u>			

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 H. Jannister*

Licensed Embalmer No. *45213*

P. O. Address *4251 Washington*

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.