S. No. 300
v. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Start File No. 58-027001

BIRTH NO. 34 56 58 FILED AUG 11 1958 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7197

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 01 2121 Dickson St. #805

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: /
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 2219 2121 Dickson St. Apt. 805

3. NAME OF DECEASED (Type or Print)
a. (First): KENNETH
b. (Middle):
c. (Last): GREEN

4. DATE OF DEATH (Month) (Day) (Year): July 19, 1958

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): -- 0
8. DATE OF BIRTH: May 4, 1958
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 2 Days 14; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nil
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): St. Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: David Lee Green
13b. MOTHER'S MAIDEN NAME: Viola Rivers
14. NAME OF HUSBAND OR WIFE: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S SIGNATURE OR NAME: Viola Green ADDRESS: 2121 Dickson St.

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) when suffocated in bed

DUE TO (c) at Home, July 19 1958.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION

E924.0 18

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 21 Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-19-58? m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: as above

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____ 19__, and that death occurred at 945A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Patrick E. Taylor Coroner
23b. ADDRESS: 13 Boo Clark
23c. DATE SIGNED: 7.21.58.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-23-58
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: JUL 21 '58
REGISTRAR'S SIGNATURE: J Carl Smith MD MDO
25. FUNERAL DIRECTOR'S SIGNATURE: Charles J. Gates ADDRESS: 4107 Finney Ave

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed .....

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

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 this body is not embalmed, fact should be so stated above.