

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037806  
Start File No. 10426  
Registrar's No.

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BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis, Missouri</b>			2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission). a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>31 HOSPITAL OR INSTITUTION St. Louis State Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>2827 N Sarah</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>MATTIE</b>		b. (Middle)	c. (Last) <b>GREEN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>October 28, 1958</b>	
5. SEX <b>Female 3</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 27, 1897</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>formerly: Domestic</b>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Callie ?</b>		14. NAME OF HUSBAND OR WIFE <b>Charles Green</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>unk</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charles Green 2827 N Sarah</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10-9-58 to 10-28-58</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Edema</b> DUE TO (c) <b>Hypertension</b>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Schizophrenia - institutional</b>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>443X</b>				20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>May 19th, 1935</b> , to <b>Oct. 28, 1958</b> , that I last saw the deceased alive on <b>Oct. 28, 1958</b> and that death occurred at <b>10:30 PM</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>A.F. Heugler, M.D.</b> (Degree or title) <b>A. F. Heugler M.D.</b>			23b. ADDRESS <b>5400 Arsenal St., St. Louis, Mo.</b>		23c. DATE SIGNED <b>10-29-58</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Nov. 4-1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakdale Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>OCT 31 '58</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>F. A. Green 4214 Delmar</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 *F. A. Green*.....

Licensed Embalmer No. *2963*

P. O. Address *4214 Delmar*

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.