

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042514

STATE FILE NUMBER

Health,
Welfare
Public
Service

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2968

300
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY - <u>St. Louis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Louis Co Hosp.</u> Length of stay in 1b <u>2 Hrs</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u> c. CITY OR TOWN <u>Mehlville</u> <u>4830</u> d. STREET ADDRESS (If outside, give location) <u>3710 Union Rd.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>George</u> Last <u>Green</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>13</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>Dec 31st 1925</u> 32
9. AGE (In years last birthday) <u>32</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hoisting Eng.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (City and state or country) <u>Lawrence, Mass.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Joseph W. Green</u>	
14. MOTHER'S MAIDEN NAME <u>----- St Cyre</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, up or unknown) <u>Yes</u> (If yes, give post or dates of service) <u>WW NO 2</u>	
16. SOCIAL SECURITY NO. <u>027-14-0719</u>		17. INFORMANT Address <u>Mrs Vernell Green 3710 Union Rd St Louis 29 Mo.</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>Multiple severe injuries and hemorrhage due to crushing injury of lower abdomen</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ 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 _____
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		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 or Part II of item 18.) <u>Run over by road grading machine on which he was working</u>		20c. TIME OF DEATH Hour <u>1:00</u> Month <u>11</u> Day <u>13</u> Year <u>1958</u> INJURY <u>approx</u>	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>street</u>	
20f. CITY, TOWN, OR LOCATION <u>Crestwood</u>		COUNTY <u>St. Louis</u> STATE <u>Missouri</u>	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Raymond Hahn</u> Coroner		22b. ADDRESS <u>Clayton, Mo.</u>	
22c. DATE SIGNED <u>11/19/58</u>			
23a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov 17th 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>National Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>J, B. Mo.</u>	
24. FUNERAL DIRECTOR <u>Fey Funeral Home, Mehlville Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-15-58</u>	
26. REGISTRAR'S SIGNATURE <u>Herbert R. Blomk, M.D./ph</u>			

STATEMENT BY LICENSED EMBALMER -

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W E Morris*

Licensed Embalmer No. *33*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.