

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011566

STATE FILE NUMBER

FILED MAR 18 1959

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 621

300
-57

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>University City (5)</u>		c. CITY OR TOWN <u>University City 5</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>529 Purdue Ave.</u>		d. STREET ADDRESS (If outside, give location) <u>529 Purdue Ave.</u>	
3. NAME OF DECEASED (Type or print) First <u>MRS. EDA</u> Middle <u>HELEN</u> Last <u>GREEN</u>		4. DATE OF DEATH Month <u>March</u> Day <u>7</u> Year <u>1959</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 10, 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Dorsetshire, England</u>
13a. FATHER'S NAME <u>Reuben Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah ---</u>	14. NAME OF HUSBAND OR WIFE <u>William Edgar Green</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mr. Robt. Gilchrist 529 Purdue Ave. 5</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>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arterio sclerotic Heart Disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u> <u>4 yrs.</u>
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>Nov. 1955</u> to <u>7 Mar. 1959</u> and last saw her alive on <u>7 Mar. 1959</u> . Death occurred at <u>3:00 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>7 Mar. 1959</u>	
22a. SIGNATURE <u>Edgar N. Wagner M.D.</u> (Degree or title)		22b. ADDRESS <u>University City Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (rail)</u>		23b. DATE <u>3/8/1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Columbus, Ohio</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Alexander & Sons 6175 Delmar Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>3-7-59</u>	
		26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Gas. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6155 Del.*

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.