Health, & Welfare Public Service

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FILED APR 20 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016112
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 971

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY OR TOWN Kirkwood — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Webster Groves 19, 4780 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph's Hosp--DOA — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) #12 Oak Haven Dr. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First BARRY; Middle JOHN; Last GREEN

4. DATE OF DEATH: Month April; Day 8; Year 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Mar. 7, 1957

9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (City and state or country): Battle Creek, Mich.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: William H. Green

13b. MOTHER'S MAIDEN NAME: Lorene M. Scully

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: William H. Green — Address: Webster Grove 12 Oak Haven- Mo.

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Drowning

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 9290

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 22

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell into swimming pool in rear yard of home while attempting to retrieve ball with which he had been playing 135

20c. TIME OF INJURY: 10:55 Hour a.m. XXX Month, Day, Year 4/8/59

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): swimming pool, rear of home

20f. CITY, TOWN, OR LOCATION: Webster Groves — COUNTY: St. Louis — STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Raymond Kaus (Degree or title) 3 Coroner

22b. ADDRESS: Clayton, Mo.

22c. DATE SIGNED: 4/13/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Apr. 10, 1959

23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cem.

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR: Pfitzinger Mort-Kirkwood — ADDRESS: 22, Mo.

25. DATE REC'D. BY LOCAL REG.: 4-9-59

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. 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 ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No. .....

P. O. Address .....

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.