

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS JUL 24 1959

59-026698

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 6431** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 4 1/2 Yrs.	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6006 Westminster Pl.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6006 Westminster Pl.		
3. NAME OF DECEASED (Type or print) First James Middle H. Last Green			4. DATE OF DEATH Month 7 Day 4 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/18/77	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motor Repair Man (ret.)			10b. KIND OF BUSINESS OR INDUSTRY St. L. Pub. Serv.		11. BIRTHPLACE (City and state or country) Grays, Ky.	
12. CITIZEN OF WHAT COUNTRY U. S. A.			13a. FATHER'S NAME Green			
13b. MOTHER'S MAIDEN NAME -			14. NAME OF HUSBAND OR WIFE Myrtle Green			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes, Spanish-Amer.		16. SOCIAL SECURITY NO. 493-10-8121		17. INFORMANT James M. Crawford, 6006a Westminster		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 30 min		
IMMEDIATE CAUSE (a) Coronary Thrombosis					
DUE TO (b) (Arteriosclerotic) Heart Disease			5 yrs.		
DUE TO (c) Generalized Arteriosclerosis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 420.0			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 WORK <input 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.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Jan 1956 to 7-4-59 and last saw her/him alive on 7-3-59 Death occurred at 10:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE H.O. Schreier M.D. (Degree or title)		22b. ADDRESS 634 No. Grand, St. Louis Mo		22c. DATE SIGNED 7-6-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 7/8/59	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County Mo	
24. FUNERAL DIRECTOR Drehmann-Harral, 1905 Union Blvd. ADDRESS		25. DATE RECD. BY LOCAL REG. JUL 8 '59		26. REGISTRAR'S SIGNATURE Loan Smith. M.D.	

DED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

m8B

JUL 24 1959

Je 5-1058

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 353

P. O. Address _____

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