

Registration District No. 319 Primary Registration District No. _____ Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Ste. Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ste. Genevieve</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>River Aux Vases</u>		c. CITY OR TOWN <u>RIVER AUX VASES</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RIVER AUX VASES</u>		d. STREET ADDRESS (If outside, give location) <u>RIVER AUX VASES</u>	

3. NAME OF DECEASED (Type or print) First <u>EMILE</u> Middle <u>Charles</u> Last <u>GREEN</u>			4. DATE OF DEATH Month <u>July</u> Day <u>2</u> Year <u>1960</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-4-1908</u>	9. AGE (last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TAVERN</u>		11. BIRTHPLACE (City and state or country) <u>R.1 Ste. Genevieve Mo</u>	

13a. FATHER'S NAME <u>FRANK L GREEN</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Huber</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-16-4680</u>		17. INFORMANT <u>August GREEN</u> Address <u>RIVER AUX VASES, 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>Gun shot 22 caliber entering mouth</u>		INTERVAL BETWEEN ONSET AND DEATH <u>SOON</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Penetrating Wound</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)		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 checked="" 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>SELF INFLICTED</u>	
20c. TIME OF INJURY Hour <u>7</u> a.m. Month, Day, Year <u>7-2-60</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>TAVERN</u>	20f. CITY, TOWN, OR LOCATION <u>RIVER AUX VASES</u>	COUNTY <u>STE. GENEVIEVE</u>	STATE <u>MO</u>
---	---	--	---------------------------------	--------------------

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Geo. C. Baer</u>		(Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Ste. Genevieve Mo</u>		22c. DATE SIGNED <u>7/6/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>7-4-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>J.S. Phillips and JAMES</u>		23d. LOCATION (City, town, or county) (State) <u>RIVER AUX VASES MO</u>	

24. FUNERAL DIRECTOR <u>James H. Stanton</u>		ADDRESS <u>Ste. Genevieve Mo</u>		25. DATE RECD. BY LOCAL REG. <u>July 6, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Geo. C. Baer</u>	
---	--	-------------------------------------	--	---	--	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Licensed Embalmer No. 3817

P. O. Address St. Lawrence

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.