MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-008125
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1802

FILED FEB 28 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jewish Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois
b. COUNTY: St. Clair
c. CITY OR TOWN: E. St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2427 St. Louis Avenue
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First EDGAR Middle H. Last GREEN
4. DATE OF DEATH: Month Feb. Day 62 Year
~~Aug. 8, 1910~~
5. SEX: Male
6. COLOR OR RACE: Col
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Aug. 8, 1910
9. AGE (last birthday): 51
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Public Schools
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Russie M. C. Green
13b. MOTHER'S MAIDEN NAME: Daisy L. Carter
14. NAME OF HUSBAND OR WIFE: Gertrude A. Green
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Melvin E. Green
Address: 2414 Illinois Ave

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) Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinomatosis
DUE TO (c) Ca pancreas 157x
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 5 Feb 62 to 8 Feb 62 and last saw her/him alive on 8 Feb 62
Death occurred at 2:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE London (Degree or title) M.D.
22b. ADDRESS 4919 Forest Park
22c. DATE SIGNED 2/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2/12/62
23c. NAME OF CEMETERY OR CREMATORY: Booker T. Washington
23d. LOCATION (City, town, or county) (State): Centreville, Illinois
24. FUNERAL DIRECTOR R. M. C. ADDRESS: Green Funeral Home, 4060 Washington Ave
25. DATE RECD. BY LOCAL REG.: FEB 12 1962
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	8120 27 E		
3			
4	2		
5	1		
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7	0		
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11			
12	64-0		
13			

64

BY AFFIDAVIT OF DOCUMENT

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 Robert Gordon

Licensed Embalmer No. 4489

P. O. Address 11233 Taylor

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.