

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6019-62-024682
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

FILED JUL 6 1962

1. PLACE OF DEATH
a. COUNTY _____ b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis Length of stay in 1b _____
c. FULL NAME OF (If NOT in hospital, give location) 5889-Romane Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY _____ c. CITY OR TOWN St. Louis Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 5889-Romane Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First George Middle Lee Last Green 4. DATE OF DEATH Month 6 Day 16 Year 62

5. SEX Male 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10-8-05 9. AGE (last birthday) 58 IF UNDER 1 YEAR Months 8 Days 8 IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) Aberdeen, Miss 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME George Washington Green 13b. MOTHER'S MAIDEN NAME Anna Page 14. NAME OF HUSBAND OR WIFE Rena Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War II 16. SOCIAL SECURITY NO. _____ 17. INFORMANT EULA DAVIS - 1423-Arlington Address _____

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple acute infarcts of the Myocardium; DUE TO (b) _____
DUE TO (c) Coronary Artery disease.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1 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 _____ 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 [Signature] (Degree or title) _____ 22b. ADDRESS 1300-Clark 22c. DATE SIGNED 6-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 6/22/62 23c. NAME OF CEMETERY OR CREMATORY National Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.

24. FUNERAL DIRECTOR Metropolitan Funeral System, Inc. ADDRESS 5012 ENRIQUE 25. DATE RECD. BY LOCAL REG. JUN 18 1962 REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

JUL 25 1962

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 John K. Cunningham

Licensed Embalmer No. 476

P. O. Address 2405 Marcus

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.