

STANDARD CERTIFICATE OF DEATH

10097

State File No. 3160

FILED APR 15 1949

318

1003

Registrar's No.

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH

a. COUNTY

b. CITY

OR TOWN

St. Louis

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY

OR TOWN

University City

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

De Paul Hospital

d. STREET ADDRESS (If rural, give location)

243 Westgate

3. NAME OF DECEASED (Type or Print)

a. (First)

John

b. (Middle)

c. (Last)

Green

4. DATE OF DEATH

(Month) (Day) (Year)

April 7, 1949

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 2, 1873

9. AGE (In years last birthday)

75

10. UNDER 1 YEAR

Months

8

11. UNDER 1 YEAR

Days

5

Hours

Min.

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

Ophthalmologist

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Templeton, Mass.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

John Green

13b. MOTHER'S MAIDEN NAME

Harriett Jones

14. NAME OF HUSBAND OR WIFE

Lucretia Sturgeon Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT'S SIGNATURE OR NAME

Harmon Green 7427 Stratford

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

Acute congestive heart failure

Coronary occlusion

9/4

INTERVAL BETWEEN ONSET AND DEATH

24 hrs

4 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

H201

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 3, 1949, to April 7, 1949, that I last saw the deceased alive on April 7, 1949, and that death occurred at 10:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

cremation

April 9-49

Oak Grove Crematory

St. Louis, Mo.

DATE REC'D BY LOCAL REG.

REGISTER'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

APR 7 1949

J. B. Lasater

C. R. Lupton & Sons 7233 Delmar

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
Student Embalmer

Signed.....

Clarence H. Murray

Licensed Embalmer No.

4011

P. O. Address.....

St. Louis, Mo.

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 this body is not embalmed, fact should be so stated above.