MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-048059 STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 299

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

10928
24014
3
4 0
5 1
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7 0
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9 4201
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12 92-0
13 4-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

FILED DEC 21 1962

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles
Length of stay in 1b: D.O.A.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hospital
Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN St. Ann. Inside Limits: Yes # No ☐
d. STREET ADDRESS (If outside, give location) 3442 St. Joachim La. Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print) First: Charles Middle: E. Last: Green
4. DATE OF DEATH Month, Day, Year: Dec. 13, 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married # Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7)15)1897
9. AGE (last birthday): 65
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): Sprinkler Fitter
10b. KIND OF BUSINESS OR INDUSTRY: Sprinkler Fitter
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Harvey Green
13b. MOTHER'S MAIDEN NAME: Eliza Keene
14. NAME OF HUSBAND OR WIFE: Margaret Green
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 489 03 6481
17. INFORMANT Address: Margaret Green 3442 St. Joachim La,

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): CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
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. ☐ 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 Oct 27, 1962 to Dec 13, 1962 and last saw him alive on Dec 9, 1962
Death occurred at DOA Arrival at Hospital m on the date stated above, and to the best of my knowledge, from the causes stated.
10:00 A.M

22a. SIGNATURE (Degree or title): W.A. Mullarky, M.D.
22b. ADDRESS: 8711 St. Charles Rd (MO)
22c. DATE SIGNED: 12/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12)15)1962
23c. NAME OF CEMETERY OR CREMATORY: Mount Lebanon Cemetery
23d. LOCATION (City, town, or county) (State): St. Ann, Mo.

24. FUNERAL DIRECTOR ADDRESS: Collier Mortuary, St. Ann, Mo.
25. DATE RECD. BY LOCAL REG.: Dec 13, 1962
26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

DEC 27 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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address St. Ann 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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