WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15752

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 4200

City St. Louis, Mo. (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME Sam Greer

(a) Residence. No. 3600 Paris Av. St. 13 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lily Greer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 16, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	63	2	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer 2 ?
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer "

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) "
(STATE OR COUNTRY) Canada
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
(STATE OR COUNTRY) Canada

14. INFORMANT W. F. McNamee M.D.
(Address) 5400 Arsenal

15. FILED APR -6 1931 Max C. Hardy REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5th 1931

17. I HEREBY CERTIFY, That I attended deceased from March 20th, 1931, to April 5th, 1931 that I last saw him alive on April 5th, 1931, and that death occurred, on the date stated above, at 4:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

Chr. (duration) ..... yrs. ..... mos. 7 ds. X

CONTRIBUTORY (SECONDARY) Interstitial Nephritis

Senility (duration) ..... yrs. ..... mos. 7 ds. X

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 18 131 930 1621

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings

(Signed) William F. McNamee, M. D.

4-5, 1931 (Address) 5400 Arsenal

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Memorial Park	April 8 1931

20. UNDERTAKER	ADDRESS
W. Aubrinsto and Co.	4234 Manchester