

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.

OCT 1 1936

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Township Maplewood

City St. Louis

Registration District No. 786

Primary Registration District No. 1469

No. 3525

Cambridge

File No. 32215

Registered No. 68

St.

Ward)

2. FULL NAME

(a) Residence, No. 3525 Cambridge St.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. mos. ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Ella Greaves

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

Sept. 29 1871

7. AGE

YEARS

64

MONTHS

10

DAYS

14

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Maintenance Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

United Drug Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Mo.

MOTHER FATHER

13. NAME

George Greaves

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

England.

15. MAIDEN NAME

Mina Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

George R. Greaves, 4435 Polaris Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bellefontaine DATE 8-15 1936

19. UNDERTAKER (ADDRESS)

Witt Bros. & Co., 2929 S. Jefferson Ave.

20. FILED

Sept 6 1936 J. J. Breitenstein Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug. 13 1936

22. I HEREBY CERTIFY, That I attended deceased from April 23rd 1936, to August 13 1936

I last saw him alive on August 13th 1936. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Date of onset

1 Week

Other contributory causes of importance:

Chronic Interstitial Nephritis

1 Year

Name of operation

Date of

What test confirmed diagnosis?

Physical

Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. H. H. Walters, M.D.

(Address) 3608 So. Grand Blvd.

