

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32364

Do not use this space.

SEP 14 1937

791

1008

8418

1. PLACE OF DEATH **Homer G Phillips Hospital**
 (a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City **St. Louis** (d) Street No. **2601** **N Whittier** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **38** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Claretta Greer**
 (a) Residence, No. **4553 Aldine** St. **11** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Separated**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **unknown**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 16, 1898**
 7. AGE YEARS **38** MONTHS **9** DAYS **16** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

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

13. NAME **Floyd Carter**
 14. BIRTHPLACE (CITY OR TOWN) **Mobile**
 (STATE OR COUNTRY) **Alabama**

15. MAIDEN NAME **Middie Pickens**
 16. BIRTHPLACE (CITY OR TOWN) **Mobile**
 (STATE OR COUNTRY) **Alabama**

17. INFORMANT **Evelyn Hilliard**
 (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **WASHINGTON PARK** DATE **9-8** 19**37**

19. FUNERAL DIRECTOR **Love Undertaking Co,**
 (ADDRESS) **3103 WASHINGTON BLVD**

20. FILED **J. D. Bredeck** 19**37**
SEP 7 1937 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 2** 19**37**
 22. I HEREBY CERTIFY, That I attended deceased from **July 10** 19**37**, to **Sept. 2** 19**37**
 I last saw her alive on **Sept. 2** 19**37**. Death is said to have occurred on the date stated above, at **1** p. m.
 The principal cause of death and related causes of importance were as follows:

Pyelonephritis noncalculous Date of onset **7/10/37**
non bacterial

Other contributory causes of importance:
133
 Name of operation Date of
 What test confirmed diagnosis? **clinical** Was there an autopsy? **yes**

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 **L. Lewis** M. D.
 (Signed) **L. Lewis** 2601 N Whittier (Address)

Review 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.

22-1-1007

STATEMENT BY LICENSED EMBALMER

I, R.C. Houston, Jr., Licensed Embalmer No. 2266.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

R.C. Houston, Jr., L. E.

No. _____ or by _____
working under my personal supervision.

Signed  _____
Registered Apprentice No. _____

Licensed Embalmer No. 2266.

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.)