

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.

SEP 14 1937

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

32504  
Do not use this space.

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City.....  
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 791  
Primary Registration District No. 1003  
(d) Street No. City Hospital No. 1  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 8558

C. 7722

2. PRINT FULL NAME.....

(a) Residence, No. 512 North Spring St. 19  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

Charles Greaves

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
67 3 14

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. nil  
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) England

13. NAME George Greaves

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

15. MAIDEN NAME Lena Baiechler

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

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 9-13 1937

19. FUNERAL DIRECTOR (ADDRESS) MULLEN BROS 4259 LINDELL BLVD. J. Bredeck Local Registrar

20. FILED SEP 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9 / 8 / 37 19

22. I HEREBY CERTIFY, That I attended deceased from 8 / 30 / 37 19..... to 9 / 8 / 37 19.....  
I last saw him alive on 9 / 8 / 37 19..... Death is said to have occurred on the date stated above, at 4.40 p.  
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
Heart Disease  
Other contributory causes of importance: 95

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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) Richard P. Veith, M. D.  
(Address) City Hospital No. 1

**STATEMENT BY LICENSED EMBALMER**

I, John Rogers, Licensed Embalmer No. 3905

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed John Rogers

Licensed Embalmer No. 3905

**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.)**