

REC'D SEP 12 1938

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

26957

Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis, Mo. (d) Street No. 791
1008 (If death occurred in Hospital or Institution, write its name instead of street and number) Registered No. 6971
BARNES HOSPITAL
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Reuben T. Greer
(Usual place of abode, if no street address, write county or city) St. Mo. Sikeston, Mo.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Effie Greer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 20/1881</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>6</u>	DAYS <u>15</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>June 1938</u>	
11. Total time (years) spent in this occupation <u>30 yrs.</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morley Illinois</u>		
FATHER	13. NAME <u>Thomas Greer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sikeston Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Whorley Mahalie</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk. Unk.</u>	
17. INFORMANT (ADDRESS) <u>Freda Limbaugh Sikeston, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sikeston, Mo.</u> DATE <u>Aug. 7/ 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Albert H. Hoppe, Inc. 429 N. Euclid, Ave.</u>		
20. FILE <u>AUG 6 1938</u> <u>J. B. Budick</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-5-1938

22. I HEREBY CERTIFY, That I attended deceased from 7-29 1938, to 8-5 1938
I last saw him alive on 8-5 1938 Death is said to have occurred on the date stated above, at 8:05 a.m.
The principal cause of death and related causes of importance were as follows:
Cardiac Decompensation Date of onset P. 2-38
93C
Other contributory causes of importance:
arteriosclerosis, Genl sup. Cardiosis, chronic
None listed
Name of operation, None Date of None
What test confirmed diagnosis? None 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? No
If so, specify None
(Signed) J. B. Budick M. D.
(Address) BARNES HOSPITAL

Licensed Embalmer's Statement on Reverse Side)

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

I X14028

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.

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

Registered Apprentice No....., working under my personal supervision.

Signed *Emil Curt Sigurd*

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.