

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.

Dec 18 1939

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

41221
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township 1 Primary Registration District No. 11795
 (c) City St. Louis (d) Street No. 4535a Cadet Registered No. **10344**
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 4535a Cadet St. 18
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter H. Greable
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-21-1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 82 1 12
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as saw mill, bank, etc. Housework
 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) Cape Girardeau County
 FATHER 13. NAME J. Limbaugh
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau
 MOTHER 15. MAIDEN NAME Rhoads Fulbright
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau
 17. INFORMANT (ADDRESS) Robert G. Jones 4535a Cadet, St. Louis Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge Mo. DATE 12-5 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hunter Gilhutton Sikeston Mo.
 20. FILED **DEC 4 1939** J. P. [Signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3-39 1939
 22. I HEREBY CERTIFY, That I attended deceased from 11-28 1939 to 12-3 1939
 I last saw her alive on 12-3 1939 Death is said to have occurred on the date stated above, at 9:00 a.m.
 The principal cause of death and related causes of importance were as follows:
PNEUMONIA - Lobar 11-28
cold 11-25
 Other contributory causes of importance: 108
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?
 Was death 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) W. W. Simms, M. D.
 (Address) 4559 Cadet St. Louis, Mo.

Not embalmed

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.....
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.