

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33617
State File No. 8314
Registrar's No.

NOV 16 1940 791
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Isolation Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3/22/40 to 10/3/40
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, Mo. 18
(If outside city or town limit, write "RURAL")
(d) Street No. 3984 Papin
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3 3rd
year 1940 hour 1:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from 3/22
1940, to 10/3, 19 40
that I last saw her alive on 10/3, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death
Tuberculosis
Due to _____
Due to _____

Other conditions Syphilis, Past
(Include pregnancy within months of death)

Major findings:
Of operations _____

Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence None
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) Means of injury _____
23. Signature E. L. Boyalis (M. D. or other)
Address _____ Date signed _____

3. (a) PRINT FULL NAME Hattie Greer.

3. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Percy Greer 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased February 13th 1898
(Month) (Day) (Year)

8. AGE: Years 41 Months 7 Days 20 If less than one day hr. _____ min. _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business _____

MOTHER FATHER { 12. Name Joe Davis
13. Birthplace New Orleans.
(City, town, or county) (State or foreign country)
14. Maiden name Susie Curry
15. Birthplace Manchester, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Herb Greer
(b) Address 3984 R Papin St.
17. (a) Burial (b) Date thereof Oct 7 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. W. Hughes
(b) Address 2620 Lawton Blvd

19. (a) OCT 7 1940 (b) _____
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Lyda H. Hughes
2938

Licensed Embalmer No.

P. O. Address

2620 Lawton

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.