. S. No. 2
M—9-4-41
ev. 5-17-39
IC X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35419

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9499

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2702 Dayton St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 16 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 219
(If outside city or town limits, write "RURAL")

(d) Street No. 2702 Dayton St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lucy Greer

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female

5. Color or race Negro 3

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife William Greer

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased Unavailable (Month) About (Day) 1877 (Year)

8. AGE: Years about 65 | Months | Days | If less than one day hr. min.

9. Birthplace Winona (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Parker Palmer
13. Birthplace (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Matilda Unavailable
15. Birthplace (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Ollie Adams
(b) Address 2702 Dayton Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) NOV 14 1942 (Date received local registrar) (b) J F Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th.
year 1942 hour 4:00 minute p. M.

21. I hereby certify that I attended the deceased from Nov. 1 - 1933
Nov. 1 1933 to November 9th. 1942
that I last saw her alive on November 9th. 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 1 day

Due to Hypertension & Paralysis 4 or 5 yrs.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence —

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J B Walthay (M.D. or other)

Address 1001 N. Jefferson Ave. Date signed

(Licensed Embalmer's Statement on Reverse Side)

JAN 4 1943

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

Chas. J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Ave.

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, fact should be so stated above.