

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26685

State File No.

Registrar's No.

7388

AUG 23 1943 18

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Missouri Baptist Hospital.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 hours.
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nellie V. Greer.3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife John L. Greer. 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased August 30, 1878.
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>11</u>	<u>15</u>	_____ hr. _____ min.

9. Birthplace Rushville, Illinois.
(City, town, or county) (State or foreign country)10. Usual occupation Seamstress.

11. Industry or business _____

12. Name John Garlick.13. Birthplace ? England.
(City, town, or county) (State or foreign country)14. Maiden name Dont know.
(City, town, or county) (State or foreign country)15. Birthplace Dont know.
(City, town, or county) (State or foreign country)16. (a) Informant Mr. Francis Greer.(b) Address 8402 Lenox Ave.17. (a) Burial (b) Date thereof 8-17-1943.
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Laurel Hill Cemetery.18. (a) Signature of funeral director Geo. L. Pleitsch Inc.(b) Address 5966-68 Easton Ave19. (a) AUG 16 1943 (b) J. F. Buleck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Wellston
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6402 Lenox Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th.
year 1943 hour 2 minute 05 AM M.21. I hereby certify that I attended the deceased from 8/12/43
_____ 19____, to 8/14/43, 19____;
that I last saw her alive on 8/14/43, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Uremia Duration 3-4 daysDue to Chronic nephritis 2

Due to _____

Other conditions none 131
(Include pregnancy within 3 months of death)Major findings: Of operations noneOf autopsy none

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

(a) Accident, suicide, or homicide (specify) no

(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?

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Preston C Hall (M. D. or other) 2nd
Address 3902 S. Lafayette Date signed 8/16/43

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

MOTHER FATHER

Dr. Preston C. Hall.
3902 Lafayette Ave.
Hours 2.30 to 4 P.M.
Telephone Grand 8074.

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.....

Ben Hoffman....., Registered Apprentice No. *346*
working under my personal supervision.

Signed *Leonard W. Fraeger*.....
Licensed Embalmer No. *3678*

P. O. Address *St. Louis Mo.*

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.