

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registered District No. \_\_\_\_\_

**FILED MAR 18 1946**  
**318**

Primary Registration District No. \_\_\_\_\_

**1003**

Registrar's No. **2123**

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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-0-1  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4234 Evans Ave  
(If rural, give location) 7  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Greer

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lizzie Greer 6. (c) Age of husband or wife if alive 25 years  
7. Birth date of deceased: May 7, 1918  
(Month) (Day) (Year)

8. AGE: Years 27 Months 9 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation: Chopper

11. Industry or business: Southern Steel Co.

12. Name: Robert Greer

13. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name: Andrews

15. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant: American Greer

(b) Address: 2726 Washington Ave

17. (a) Interred (b) Date thereof: May 6, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Clarkdale Miss

18. (a) Signature of funeral director: F. A. Greer

(b) Address: 2915 Franklin Ave

19. (a) MAR 5 1946 (b) J. T. Brebeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 2  
year 1946 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from 2-20 1946 to 3-2 1946  
that I last saw him alive on Mar 2 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Far Advanced Pulmonary Tuberculosis

Duration Unk

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: None  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy: None

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature: W. B. Bernard (M. D. or other) \_\_\_\_\_

Address: 2601 N. Whitney Date signed: 3/4/46

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

MOTHER FATHER

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**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. *2963*

P. O. Address. *2915 Franklin*

**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.**