7. S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 13 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18877

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 5537

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2717 N. 21st St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 In this community: 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 2717 N. 21st. St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mrs. Hilda Greer
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Wm. Greer
6. (c) Age of husband or wife if alive: 38 years
7. Birth date of deceased: September 4th, 1903 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
43	8	29	hr. min.

9. Birthplace: Murray (City, town, or county) Ky (State or foreign country)
10. Usual occupation: Housework
11. Industry or business:
FATHER 12. Name: Jeff McKeel
13. Birthplace: Ky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: May Phillips
15. Birthplace: Ky (City, town, or county) (State or foreign country)
16. (a) Informant: William E. Allen
(b) Address: 2338 Warren St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Almo Kentucky
18. (a) Signature of funeral director: Hy. Leidner U. Co.
(b) Address: 2223 St. Louis Ave.
19. (a) JUN 4 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 3rd. year 1947 hour 11:15 PM minute M.
21. I hereby certify that I attended the deceased from 4-29-47, 19, to June 3, 1947, 19; that I last saw her alive on June 3, 1947, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Advanced pulmonary tuberculosis	do not know
Pulmonary hemorrhage	recent
empyema of left pleura	recent
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of 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: John G. Kenny (M. D. or other)
Address: 1126 St. Louis Ave. Date signed: 6-4-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis 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.