

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

FILED JUL 6 1948
Registration District No. 17

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution:
ST. LOUIS COUNTY HOSPITAL ①
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 DAYS
(Specify whether years, months or days)

In this community 11 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town KENLOCH
(If outside city or town limits, write "RURAL")

(d) Street No. MONROE E SCOTT
(If rural, give location)

(e) Citizen of foreign country? _____ (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 F 3. Color or race C

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife JOSEPH

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August 12 1901
(Month) (Day) (Year)

8. AGE: Years 46 Months 9 Days 21
If less than one day hr. _____ min. _____

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

10. Usual occupation NONE

11. Industry or business NONE

MOTHER FATHER

12. Name NOTES WELLEAMS

13. Birthplace ALABAMA
(City, town, or county) (State or foreign country)

14. Maiden name CARRIE

15. Birthplace ALABAMA
(City, town, or county) (State or foreign country)

16. (a) Informant JOSEPH GREER

(b) Address MONROE E SCOTT KENLOCH

17. (a) Burial (b) Date thereof June 8, 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros

(b) Address Kenloch Mo

19. (a) 6-4-48 (b) Boyd Bros
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 3
year 1948 hour 10 minute 07 P M.

21. I hereby certify that I attended the deceased from MAY 7 1948 to JUNE 3 1948;

that I last saw her alive on JUNE 3 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix with Metastasized Intestines

Due to _____

Due to 480

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy As above

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. H. ... (M. D. or other)

Address St. Louis County Hospital Date signed 6/4/48

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 *Edward A. Flynn*

Licensed Embalmer No. *457484*

P. O. Address *4444*

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.

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