

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. _____
Registrar's No. **10516**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10516		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2119		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4185 Enright Avenue				d. STREET ADDRESS (If rural, give location) 4185 Enright Avenue				
3. NAME OF DECEASED (Type or Print) Ward			a. (First) _____		b. (Middle) _____		c. (Last) Greer	
4. DATE OF DEATH (Month) (Day) (Year) 12/8/50		5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH 4/4/76		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chiropodist				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Shelbyville, Tennessee		
12. CITIZENRY OF WHAT COUNTRY? USA				13a. FATHER'S NAME Sterling Greer		13b. MOTHER'S MAIDEN NAME Millie Unknown		
14. NAME OF HUSBAND OR WIFE Josephine Greer				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		
17. INFORMANT'S SIGNATURE OR NAME Josephine Greer, 4185 Enright Avenue				18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Ca. of Coronary		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs.		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 158X						
22. I hereby certify that I attended the deceased from Aug. 19, 1952 , to Dec. 8, 1950 , that I last saw the deceased alive on Dec. 8, 1950 , and that death occurred at 7:10 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE James M. Whittier, M.D.				23b. ADDRESS 4050 Delmar Blvd		23c. DATE SIGNED Dec. 9, 1950		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial U		24b. DATE 12/11/50		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REG. DEC 10 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. J. Gates, 4107 Finney Avenue				

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

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John K. Cunningham

Signed.....
Student Embalmer

Licensed Embalmer No. 4478

P. O. Address. 4107 Finney Avenue

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.