

STANDARD CERTIFICATE OF DEATH

43493

State File No.
Registrar's No. 4158

FILED JAN 5 1952
BIRTH NO. 7342451

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063

4052

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

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (in this place) D. on Arr	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN S. Kirkwood		47664
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital			d. STREET ADDRESS (If rural, give location) 240 Memphis St.		
3. NAME OF DECEASED (Type or Print) a. (First) Gregory		b. (Middle) Greer	c. (Last) Greer	4. DATE OF DEATH (Month) (Day) (Year) Dec. 31 1951	
5. SEX 2 Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child U	8. DATE OF BIRTH Oct. 18. 1951	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Clayton Mo. O		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Leroy Ried		13b. MOTHER'S MAIDEN NAME Willie D Greer	14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Willie D. Greer		ADDRESS 240 Memphis St
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) D	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown natural causes				INTERVAL BETWEEN ONSET AND DEATH unk
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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) 7955			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Herbert R. Donke (Degree or title)			23b. ADDRESS 651 S. Brentwood, Clayton, Mo.		23c. DATE SIGNED 1-2-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 2. 1952	24c. NAME OF CEMETERY OR CREMATORY Father Dickson	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		
DATE REC'D BY LOCAL REG. 1-2-52	REGISTRAR'S SIGNATURE Herbert R. Donke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 408 S. Fillmore Ave Kirkwood 22 Mo.		

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 H. Humphreys* *No Embalming*

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address.....

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.