

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11377

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 298

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Bonhomme</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Bonhomme</u> <u>4740</u>	
c. LENGTH OF STAY (In this place) <u>16 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Conway &amp; Mason Roads</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Conway &amp; Mason Roads</u>			

3. NAME OF DECEASED (Type or Print) <u>BERTHA</u> a. (First) b. (Middle) c. (Last) <u>GREER</u>			4. DATE OF DEATH <u>Feb. 4, 1952</u> (Month) (Day) (Year)		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>July 28, 1883</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Kirksville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Carl Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Cordelia O'Connor</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Greer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Verlee Ellis</u>	ADDRESS <u>Clayton, Mo. R#1 Box 302</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>
I. DISEASE OR CONDITION, DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u>		DUE TO (b) <u>Myocardial failure</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4.9.0x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov 5, 1949, to Feb 4, 1952, that I last saw the deceased alive on Feb 3, 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry F. Seast M.D.</u>	23b. ADDRESS <u>Ballwin, Mo</u>	23c. DATE SIGNED <u>Feb 4-1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Feb. 5/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>College Mound Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>College Mound, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-5-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Danke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader Fun'l Home</u>	ADDRESS <u>Ballwin, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*Theo. Schrader*

Licensed Embalmer No. *3066*

P. O. Address *Baltimore, Md.*

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.