

FILED MAY 12 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 13486

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3950

1. PLACE OF DEATH a. COUNTY <b>Mo.</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Seymour</b>		b. (Middle) <b>Richard</b>		c. (Last) <b>Greer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4 30 54</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Marriage</b>	8. DATE OF BIRTH <b>March 8, 1908</b>		9. AGE (In years last birthday) <b>46</b> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>R &amp; W Rewind Co</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Blytheville, Ark.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Melvin Greer</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Alpha Greer</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>494-01-6373</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mary Greer 1946 Arsenal</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Colon and Rectum</b>			INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>1) Coronary atherosclerosis 2) Generalized Arteriosclerosis</b>					
19a. DATE OF OPERATION <b>4/29/54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Colon (non-ulcer) and Rectum</b>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>153X</b>		
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 <b>4/28</b> , 19 <b>54</b> , to <b>4/30</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>4/30/54</b> , 19___, and that death occurred at <b>3 P</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Philip A. Riley M.D.</b>			23b. ADDRESS <b>1325 S. Grand St. Louis Mo.</b>		23c. DATE SIGNED <b>5/1/54</b>
24a. BURIAL CREMATION REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>May 3, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Columbia, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAY 1 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Hoffmeister Colonial Mortuary 6484 Chicago</b>	

(Licensed Embalmer's Statement on Reverse Side)

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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  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Harry J. Schuyler*

Licensed Embalmer No. 24

P. O. Address 78141 Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.