

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037807
State File No.

FILED NOV 10 1958

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10048

2290
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>36 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>27 Hospital Homer C. Phillips</u>		e. STREET ADDRESS (If rural, give location) <u>8127 5066 Enright Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Addie</u> b. (Middle) c. (Last) <u>Greer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 18 58</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-1-1905</u>
9. AGE (In years last birthday) <u>53</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Trenton Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Wilson Burnett</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Whitson</u>	
14. NAME OF HUSBAND OR WIFE <u>Eugene Greer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>500-26-8104</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Burnett</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Stab wound of chest.</u> ANTECEDENT CAUSES <u>suffered when stabbed with knife in hands of one Eugene Greer (col) in home at 5066 Enright Ave. about 50 pm., October 18, 1958</u> 2. OTHER SIGNIFICANT CONDITIONS <u>related to the disease or condition causing death</u>	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDAL HOMICIDE <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10 18 58 12p</u>	
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 <u>19</u> to <u>19</u> , that I last saw the deceased <u>alive on</u> , 19 <u>58</u> , and that death occurred at <u>2:55 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John M. Quinn</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>10/18/58</u>		24. LOCATION (City, town, or county) (State) <u>Mo</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>10-24-58</u>		24b. DATE <u>Washington Park</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>County</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>OCT 21 1958</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Carl Smith</u>	
REGISTRAR'S SIGNATURE <u>M. Gushowe</u>		ADDRESS <u>2930 Dickson St.</u>	

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Leroy W. Bannister*

Licensed Embalmer No. *4523*

P. O. Address *4251 Washington*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.