WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34879

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 34879

Township ..... Primary Registration District No. 1003 Registered No. 10276

City St. Louis, Mo. (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Squire Greer

(a) Residence. No. 1018 N. 13th St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Col	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
abt.	56	—	—	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Ice-Man

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer

186 P
194 P
1029

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

PARENTS

10. NAME OF FATHER Unknown.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

14. INFORMANT Anna G. Creath.
(Address) City Hospital #2

15. FILED OCT 29 1930 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-17-1930

17. No Physician In Attendance

I HEREBY CERTIFY, That I attended deceased from 10-10-1930, to 10-17-1930, that I last saw him alive on 10-17-1930, and that death occurred, on the date stated above, at 3:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage of Brain (Fractured skull) Received In fall down steps which delivering Ice at 1245 Wash St

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) St Louis Mo, Oct 10-1930 at 2 P.M. steps in good condition

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Accident

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John J. Hurley M. D.

18/2 1930 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Washington Park Lem.	11-1 1930.

20. UNDERTAKER People's Undt Co ADDRESS 3100 Franklin Ave

2721 Hamilton