

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 791
Township North Primary Registration District No. 1903
City St. Louis No. 4434 Street Green

File No. 21270
Registered No. 5052
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4434 Street Green St. 10 Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Martha Margan Greene</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1, 1867</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>8</u>
	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ret. Merchant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u>Cambridge, Mass.</u>		
MOTHER	13. NAME <u>Francis Greer</u>	
	14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u>Chapman</u>	
	15. MAIDEN NAME <u>Nettie Peters</u>	
	16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u>Mass.</u>	
	17. INFORMANT (ADDRESS) <u>Martha Greer 4434 Green St.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>June 12, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>St. Mary's Cemetery 4600 North Main</u>		
20. FILED <u>June 12, 1933</u> <u>J. A. Bredbeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1933

22. I HEREBY CERTIFY That I attended deceased from May 23, 1932 to June 9, 1933
I last saw him alive on June 9, 1933 Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis with Valvular Deficiency
Other contributory causes of importance None

Name of operation _____ Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Edmund H. Insell M. D.
(Address) 705 - Olive St.

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.

