

JAN 10 1938

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

43700
Do not use this space.

791 2
1008

Registered No. 11950

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis (d) Street No. 5871 Elmbank St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary E. Greer

(a) Residence, No. 5871 Elmbank St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 26 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 4 0

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as 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) Ky.

13. NAME John Rice

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Mary Sherrell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Thrax Greer
5871 Elmbank

18. BURIAL, CREMATION, OR REMOVAL PLACE Charleston Mo. DATE Dec 29th. 37

19. FUNERAL DIRECTOR (ADDRESS) Wheeler, Horrel
1905 Union Blvd.

20. FILE DEC 28 1937 J. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 26 - 1937

22. I HEREBY CERTIFY, That I attended deceased from October 22, 1937, to December 26, 1937
I last saw her alive on December - 25 -, 1937. Death is said to have occurred on the date stated above, at 9:50 a.m.
The principal cause of death and related causes of importance were as follows:

Lukemia Leuc
Unknown
Other contributory causes of importance:
Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... 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?
If so, specify
(Signed) John A. Lotz M. D.
(Address) 2325 Union Blvd.

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.....
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

R. M. Sanford

Licensed Embalmer No. *2273*

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.)