

No. 2  
11-10-39  
5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 25 1941  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16584

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4102

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days  
(Specify whether \_\_\_\_\_)

In this community 23 years  
years, months or days)

3. (a) PRINT FULL NAME: Rebecca Greer

8. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE

5. Color or race Col

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife UNKNOWN

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: 6 (Month) 8 (Day) 1894 (Year)

8. AGE: Years 46 Months 11 Days 3  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Natchez / MISS.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business \_\_\_\_\_

12. Name JOE PROFIT

13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Marylou Colbert

(b) Address 319 Convent

17. (a) REMOVAL (b) Date thereof 5-15-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Natchez, Miss

18. (a) Signature of funeral director Gessie Lane

(b) Address 3103 Washington

19. (a) MA (b) J. T. Breck  
(Date received local burial) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 257

(d) Street No. 1215 S. 1st Street  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 11  
year 1941 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 4-16- 1941 to 5-11- 1941  
that I last saw her alive on 5-11- 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetic Gangrene, Rt. Leg 3 months  
Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations 19

Of autopsy 51

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

28. Signature W. F. A. Jones (M. D. or other) 0  
Address 2601 N. Whittier St. Date signed 5-15-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed W. Elmer Blackburn

Licensed Embalmer No. 39621

P. O. Address.....

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 this body is not embalmed, above space should be left blank.