

S. No. 2  
M-5-43  
7. 5-17-39  
I X36871

**FILED SEP 14 1946**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7582**

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

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Mary's Inf.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 week  
(Specify whether  
 In this community 1 week  
years, months or days)

**3. (a) PRINT FULL NAME** Earnest Teer  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

4. Sex Male 5. Color or race Col.  
 6. (a) Single, widowed, married, divorced Child  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Nov 7 1945  
(Month) (Day) (Year)

**8. AGE:** Years — Months 9 Days 11  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

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

**MOTHER FATHER**  
 12. Name Edgar H.H. Teer  
 13. Birthplace Miss.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Julia Myers  
 15. Birthplace Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Myers  
 (b) Address 1907 Trendly

17. (a) Burial  
(Burial, cremation, or removal) (b) Date there 9-3-46  
(Month) (Day) (Year)  
 (c) Place: burial or cremation St. Louis Ill

18. (a) Signature of funeral director [Signature]  
 (b) Address 1318 E. Broadway

19. (a) SEP 2 1946 (b) J. F. Bradlock  
(Date Received Local Registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Illinois (b) County St. Clair  
 (c) City or town E. St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1907 Trendly Avenue  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 28th year 1946 hour 2:45 minute P.  
 21. I hereby certify that I attended the deceased from August 21 1946 to August 28 1946  
 that I last saw him alive on August 28 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myelogenous Leukemia  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Pertussis - Broncho-pneumonia  
(Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration unknown  
about 3 weeks  
 one week  
 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 \_\_\_\_\_  
 23. Signature William T. Queno (M. D. or other)  
 Address 1228 Piggott E. St. Louis Ill Date signed 9/3/46

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.....

*Melvin Edward Green*, Registered Apprentice No. *383*  
working under my personal supervision.

Signed.....

*M. E. Green*

Licensed Embalmer No. *1173*

P. O. Address *3517 Saclde ave*

**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, fact should be so stated above.**