

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21236**
Registrar's No. **5281**

FILED JUN 23 1951

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		State File No. 21236		Registrar's No. 5281					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo		c. LENGTH OF STAY (in this place) 11 Da.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2109							
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hosp.				f. STREET ADDRESS (If rural, give location) 3773a Carter Avenue									
3. NAME OF DECEASED (Type or Print) CLARK			a. (First)		b. (Middle) George		c. (Last) GREER		4. DATE OF DEATH (Month) (Day) (Year) 6 8 51				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH April 4, 1913		9. AGE (In years last birthday) 38		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman				10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME George W. Greer				13b. MOTHER'S MAIDEN NAME Alvinia Enderle			14. NAME OF HUSBAND OR WIFE _____						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 2			16. SOCIAL SECURITY NO. World War 2		17. INFORMANT'S SIGNATURE OR NAME George W. Greer 3773a Carter Avenue							ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subacute glomerulonephritis								INTERVAL BETWEEN ONSET AND DEATH 3 mo.			
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 570X								
22. I hereby certify that I attended the deceased from 5-28, 1951 , to 6-8, 1951 , that I last saw the deceased alive on 6-8-51 , and that death occurred at 2A m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Robert A. Huckel M.D.					23b. ADDRESS 1755 So. Grand			23c. DATE SIGNED 6-8-51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 11, 1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis, Mo.						
DATE REC'D BY LOCAL REG. JUN 9 1951		REGISTRAR'S SIGNATURE J. B. Lanster				25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. 2161 E. Fair Ave.							

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 26 1951

mail

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

W. Gordon G. Burnley

Signed.....
Student Embalmer

Licensed Embalmer No. *46200*

P. O. Address *St. Louis, Mo*

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.