

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20546

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5455**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		a. STATE Missouri b. COUNTY 2249	
c. LENGTH OF STAY (in this place) 7 Days		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros Hospital		d. STREET ADDRESS (If rural, give location) 24 3545 Salena	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) David		June 15 1954	
b. (Middle) H.			
c. (Last) Greer			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 9 1898
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (State or foreign country) Charleston Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Greer		13b. MOTHER'S MAIDEN NAME Clara Boyett	14. NAME OF HUSBAND OR WIFE Gussie Greer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-05-3784	17. INFORMANT'S SIGNATURE OR NAME Gussie Greer ADDRESS 3545 Salena
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular		INTERVAL BETWEEN ONSET AND DEATH 2 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Arteriosclerotic Heart Disease	
DUE TO (b) Arteriosclerotic Heart Disease		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 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) 4200	
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?	
22. I hereby certify that I attended the deceased from 3-6-1954 to 6/15, 1954 , that I last saw the deceased alive on 6/14, 1954 , and that death occurred at 3:35 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE B. H. Hester (Degree or title) M.D.		23b. ADDRESS 56 W. D. Compton	23c. DATE SIGNED 6/12/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/18/54	24c. NAME OF CEMETERY OR CREMATORY New Pickers Cem	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
DATE REC'D BY LOCAL REG. JUN 18 1954	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher ADDRESS 3013 Meramec	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Jack Harept
Licensed Embalmer No. *4746*

P. O. Address.....

St. Louis, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.