1241

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

Do not use this space.

29051

File No. 29051

Registered No. 8636

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. [illegible] St. Ward)

Registration District No. 791

Primary Registration District No. 1603

2. FULL NAME Alwyn Gregory

(a) Residence. No. 234 Tiffin St. St. 23 Ward. St. Louis Co. Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17. 1901

7. AGE: Years 26 | Months 4 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer) 108
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Craig, Mo

PARENTS

10. NAME OF FATHER Ralph Gregory

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Bridge Hunter Mo

12. MAIDEN NAME OF MOTHER Alma Pryor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mont Kansas

14. INFORMANT Mont Gregory
(Address) 234 Tiffin St.

15. FILED SEP 28 1927, 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 26 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 6:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia

101A

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) N. M. A.

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wm Dever M.D.

9/29, 1927 (Address) Dep Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Grove

DATE OF BURIAL: 9-29 1927

20. UNDERTAKER: J. J. Quinn

ADDRESS: 1522 N. Grand Blvd

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.

PERMANENT RECORD