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

Do not use this space.

31865

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 343

City ~~Koch~~ (No. R. Koch Hosp. St. Ward)

2. FULL NAME Nathan Gregory

(a) Residence. No. 4225 Finney St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred X yrs. X mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Col	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19 1915

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	14	3	7	

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

9. BIRTHPLACE (CITY OR TOWN) Ga
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Lonnie Gregory

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ga
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Loretta Grant

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

14. INFORMANT Koch Hospital Records
(Address) Koch Mo.

15. FILED Sept 28, 1929 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 26, 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 8 1929, 19, to Sept. 26, 1929, 19 that I last saw him alive on Sept. 26, 1929, and that death occurred, on the date stated above, at 11:35 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulm Tuberculosis

239

About (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Unknown

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum

(Signed) Reuben E. Stone, M. D.

9/26/29 (Address) Koch Hospital

*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 Greenwood — DATE OF BURIAL Sept 30 1929

20. UNDERTAKER C. W. Roberts — ADDRESS 3035 Lacas

WRITE PLAINLY, WITH UNFADING INK—THIS IS A LE...

N. B.—Every item of information should be carefully supplied. AGE should be stated ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement ... ...ANS should state ...TION is very important.

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