

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

Do not use this space.

21490

~~21592~~

6373

**1. PLACE OF DEATH**

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City *St. Louis Mo.*

(No. *St. Louis Baptist Hospital*)

File No.....

Registered No.....

St.....

Ward.....

**2. FULL NAME**

*Joseph L. Gregory*

(a) Residence No.....

*1424 Newhouse*

*26*

Ward.....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

*26 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)

*Married*

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

*Husband of Blanche Gregory*

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

*Aug. 16, 1898*

7. AGE

YEARS  
*41*

MONTHS  
*10*

DAYS  
*14*

IF LESS THAN 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

*Proprietor, Gasoline*

(b) General nature of industry, business, or establishment in which employed (or employer)

*Filling Station*

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

*Montgomery County*

(STATE OR COUNTRY)

*Mo.*

10. NAME OF FATHER

*Paul Jones Gregory*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

*Ballaway, Mo.*

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

*Mary Barnes*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

*Ballaway, Mo.*

(STATE OR COUNTRY)

PARENTS

14. INFORMANT

*Blanche Gregory*

(Address)

*1424 Newhouse*

15. FILED

*Max C. Starckoff*

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

*June 30, 1930*

17.

I HEREBY CERTIFY, That I attended deceased from *June 23, 1930*, 19*30*, to *June 30, 1930*, that I last saw him alive on *June 29, 1930*, and that death occurred, on the date stated above, at *7:45 A. M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Abdominal Peritonitis*  
*121A*  
*129*

CONTRIBUTORY (SECONDARY)

*Gaugreen Pus Abscess*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

*St. Louis Baptist Hospital*

DID AN OPERATION PRECEDE DEATH?

*No* DATE OF *6-24-1930*

WAS THERE AN AUTOPSY?

*No*

WHAT TEST CONFIRMED DIAGNOSIS?

*Smear Exam*

(Signed)

*D. J. Hermann*

, 19

(Address) *2743 N. Grand*

\*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

*Lake Charles*

DATE OF BURIAL

*July 2, 1930*

20. UNDERTAKER

*Suedmeyer & Sons*

ADDRESS

*3934 N. 20.*

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.

