

MAR 27 1931

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

Do not use this space.

11523

1. PLACE OF DEATH

County St. Louis Co. Registration District No. 1170  
Township Richmond W. Primary Registration District No. 6248th  
City Richmond W. No. St. Mary Hosp.

File No. ....  
Registered No. 65  
St. .... Ward)

2. FULL NAME

(a) Residence. No. 1880 S. 16th St. Ward. St. Louis mo  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>M</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Gregor</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 15, 1896</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>34</u>		<u>11</u>	<u>20</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife 235</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				

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

Bohemia

10. NAME OF FATHER Frank Vasick

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

14. INFORMANT Frank Gregor  
(Address) 1880 S. 16th St.

15. FILED 3/7 1931 G. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 5 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 5 1931, to Mar 5 1931, that I last saw him alive on Mar 5 1931, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia  
(awaiting report as to malignancy)  
54D (duration) 2 yrs. 2 mos. 2 ds.  
CONTRIBUTORY (SECONDARY) Operation (duration) 2 yrs. 2 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Mar 5 '31  
WAS THERE AN AUTOPSY? Yes  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) [Signature] M. D.  
, 19 (Address) [Signature]

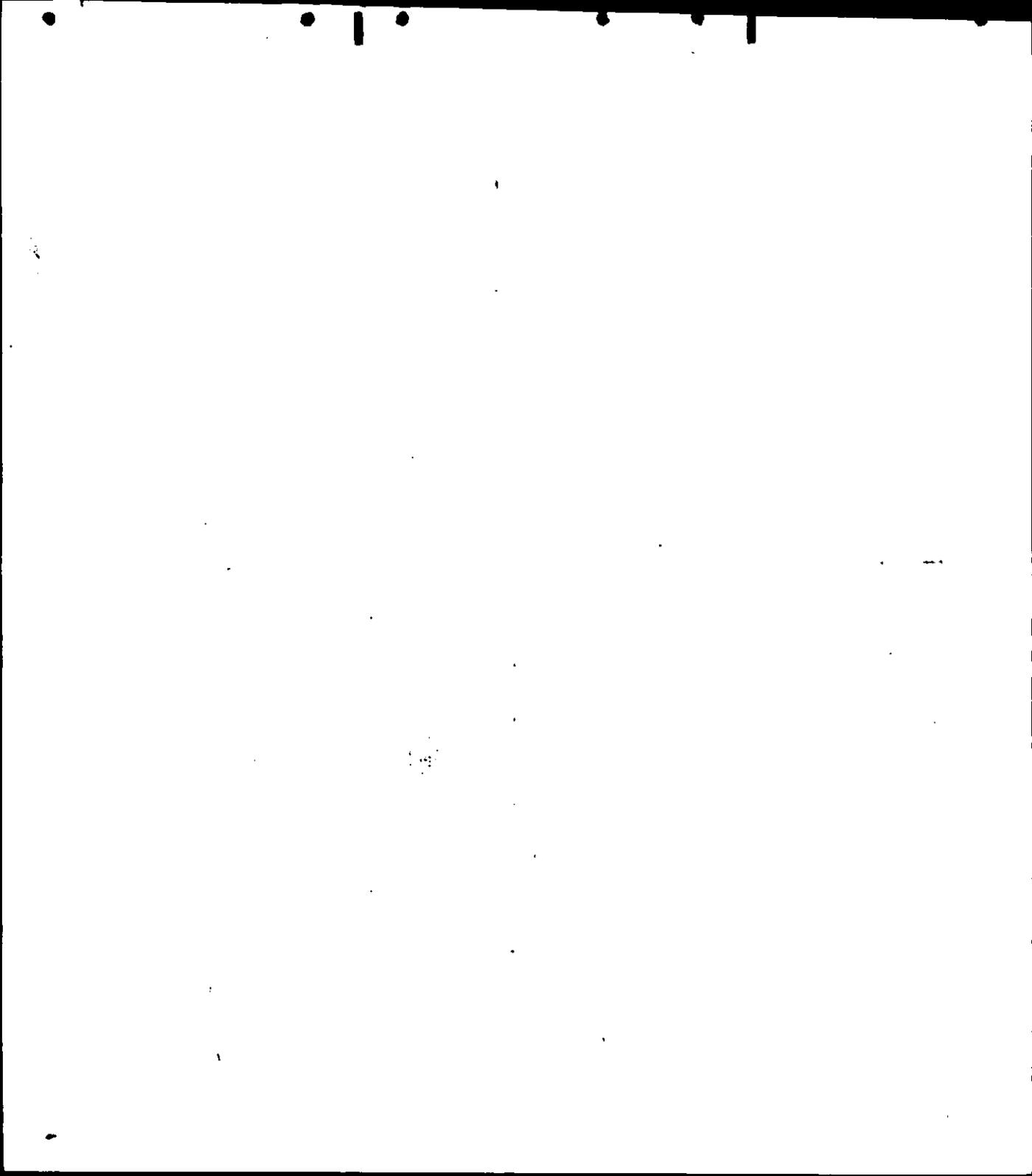
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Sun. Set Burial Park Mar 9 1931

20. UNDERTAKER ADDRESS  
Wm C Moydell 1926 Allen

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.



ated by check marks, lacking from the death certificate:

Name: Antonio Gregor

Who died at Richmond Heights, Mo. on Mar 5, 1931,

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: Brain Tumor

Awaiting report as to malignancy

Contributory: Operations,

Not malignant.

Where was disease contracted? \_\_\_\_\_

Did operation precede death? yes Date of \_\_\_\_\_

5410

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