

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

Do not use this space.

6334

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1008  
 City St Louis, Mo (No. ....) St. .... Ward) (No. ....)

File No. ....  
 Registered No. 1366

**2. FULL NAME**

John W. Gregory  
 (a) Residence No. 2232<sup>nd</sup> Oregon St 23 Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jeannette Gregory</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 7-1858</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>=</u>
	DAYS <u>3</u>	If LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... <u>Broom maker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....	
	10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Evanston Ind 2</u>		
FATHER	13. NAME <u>Mr Gregory</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	
17. INFORMANT (ADDRESS) <u>William Gregory 2232<sup>nd</sup> Oregon Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Leadwood</u> DATE <u>Feb. 11, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Bayer and Co Leadwood Mo</u>		
20. FILED <u>W. C. Stanley</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10, 1932

22. I HEREBY CERTIFY that I attended deceased from Jan 7, 1932 to Feb 10, 1932  
 last saw him alive on Feb 10, 1932 Death is said to have occurred on the date stated above, at 5 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Uremic poisoning Date of onset 2-5-32  
45E  
46B  
 Other contributory causes of importance:  
Carcinoma stomach  
Chr. Interstitial nephritis  
Hypertrophy heart  
 Name of operation none Date of .....  
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury ..... 19.....  
 Where did injury occur? none  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. no  
 Manner of injury none (D)  
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify no  
 (Signed) W. C. Stanley (M. D.)  
 (Address) 2767 Gravois Ave.

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.

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