

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

Do not use this space.

27265

1. PLACE OF DEATH
 County St. Louis Registration District No. 790
 Townshp. Central Primary Registration District No. 6033
 City Clayton Mo. (No. 7724 Shirley Drive) St. _____ Ward _____

2. FULL NAME Edmund Gregier
 (a) Residence, No. 7724 Shirley Drive St. _____ Ward Clayton 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 AUG 27 1932

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>Emilie Vera Gregier</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-20-1886</u>				
7. AGE YEARS <u>46</u>	MONTHS <u>5</u>	DAYS <u>15</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>Broker Attorney</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>206</u>			
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>Indiana</u> <u>2</u>				
FATHER	13. NAME <u>Chas J Gregier</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
MOTHER	15. MAIDEN NAME <u>Leaucha Barnes</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
17. INFORMANT <u>Emilie Vera Gregier</u> (ADDRESS) <u>7724 Shirley Drive Clayton</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove Cem.</u> DATE <u>8/6</u> 19 <u>32</u>				
19. UNDERTAKER <u>Louis H Bopp</u> (ADDRESS) <u>Suburban Mo</u>				
20. FILED <u>Aug 5</u> 19 <u>32</u> <u>R. W. Sullivan</u> Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>8/4</u> 19 <u>32</u>
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.	
I last saw h. _____ alive on <u>abt. 3.30 p.m.</u> 19____. Death is said to have occurred on the date stated above, at _____.	
The principal cause of death and related causes of importance were as follows: <u>Accidentally shot at own hands while cleaning own revolver</u> Date of onset <u>14/32</u>	
Other contributory causes of importance: <u>Phosphorus of left chest</u> <u>184</u> <u>60</u>	
Name of physician <u>Dr. Phono</u> (5) Date of _____	What test confirmed diagnosis? _____ Was there an autopsy? <u>No.</u>
23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? <u>Acc</u> Date of injury <u>8/4</u> 19 <u>32</u> Where did injury occur? <u>Clayton Mo</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>Own hands</u>	
Manner of injury <u>Accidental gunshot</u> Nature of injury <u>wound</u>	
24. Was disease or injury in any way related to occupation of deceased? <u>No.</u> If so, specify _____	
(Signed) <u>John O. Campbell</u> M. D. (Address) <u>Laurens of St. Louis County</u>	

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.

