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.

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

Do not use this space.

21205

1. PLACE OF DEATH

County ..... Registration District No. 701 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 4980

City St Louis Mo No. 3922 Kennerly St. ..... Ward)

2. FULL NAME Dr. Alonzo T. Gregory

(a) Residence, No. 3922 Kennerly Av 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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.

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~~ Florence Gregory

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 — 1861

7. AGE YEARS 72 MONTHS 4 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chiropractor

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) Illinois

FATHER

13. NAME Jacob Gregory

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Margaret Jane Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Mrs Florence Gregory 3922 Kennerly

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE June 8, 1933

19. UNDERTAKER (ADDRESS) E. J. Schnur 3125 Lafayette Av.

20. FILED JUN 7 1933, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to June 5, 1933

I last saw him alive on June 5, 1933. Death is said to have occurred on the date stated above, at 11.10 p. m.

The principal cause of death and related causes of importance were as follows:

Heat exhaustion — Date of onset June 5-33

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Other contributory causes of importance: Subacute gastro-enteritis June 1-33

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) M B Hampton, M. D.

(Address) 1269 Tamm