

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

Do not use this space.

31233

1. PLACE OF DEATH SEP 13 1934
 County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. City Hospital)
 File No. 8532
 Registered No. 8532
 St. Ward)

2. FULL NAME Beatrice Ellen Gregory
 (a) Residence, No. 1400 East Obear Ave. St. 9 Ward.
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20th, 1918.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or, min.
<u>17</u>	<u>9</u>	<u>1</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1200

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) Claremore
 (STATE OR COUNTRY) Oklahoma

MOTHER FATHER

13. NAME Gilbert Gregory

14. BIRTHPLACE (CITY OR TOWN) Indian Territory
 (STATE OR COUNTRY) Oklahoma

15. MAIDEN NAME Ina Stewart

16. BIRTHPLACE (CITY OR TOWN) Mateland
 (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Gilbert Gregory
1400 East Obear Ave.

18. BURIAL, CREMATION, OR REMOVAL Claremore, Okla.
 PLACE DATE Aug. 22- 1934

19. UNDERTAKER (ADDRESS) Wacker-Heldeste
2351 S. Broadway

20. FILED AUG 22 1934
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 21st. 1934

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 5.30 A.M.
 The principal cause of death and related causes of importance were as follows:
Shock & Injuries (Loss of right arm and septicaemia - Hepatitis - Acute Nephritis), received while riding in a Buick sedan, driven by Augustus Spratley, and colliding with a Hupmobile parked on east drive near Center Drive in O'Fallon Park, about 8 p. m., Aug. 15th, 1934.
 Other contributory causes of importance:
CRIMINAL CARELESSNESS
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, Suicide, or Homicide CRIMINAL CARELESSNESS Date of injury 8/15, 1934
 Where did injury occur? Public Place
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place
 Manner of injury..... Auto accident
 Nature of injury..... Shock & Injuries, etc.

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify.....
 (Signed) Harold J. Shuf
 (Address) 8/22/34

WHITE PLAINLY, WITH OUTFRONT MARKS

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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