

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

Do not use this space.

34715

OCT 11 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *3922 Mo. 11 St.*) St. Ward)

File No.
Registered No. **9577**

2. FULL NAME

Jack Gregory
(a) Residence, No. *3922 Mo. 11* St. *26* Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *11* 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) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF *Child*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 18, 1923*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 8 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Child*
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) *St. Louis Mo.*

13. NAME *Walter Gregory*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Montgomery County Mo.*

15. MAIDEN NAME *Julia Stergerich*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

17. INFORMANT (ADDRESS) *Walter Gregory St. 3922 Mo. 11*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cemetery* DATE *Oct 1, 1934*

19. UNDERTAKER (ADDRESS) *Diedmeyer & Sons 3934 Mo. 20 St.*

20. FILED *SEP 28 1934* Registrar. *J. Berbeck*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 28, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Mar 2, 1934* to *Sept. 28, 1934*
I last saw him alive on *Sept. 28, 1934* Death is said to have occurred on the date stated above, at *12:30 p.m.*
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset *4-1-34*
930
575
AJ C
Other contributory causes of importance: *Chronic Rheumatism* *12-1-33*

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?
If so, specify *Rheumatism*
(Signed) *Rhemmett Burns* M. D.
(Address) *3802 W. Seal of Blvd*

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.

