

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

Do not use this space.

JAN 3 1935

44275

**1. PLACE OF DEATH**

County St. Louis Registration District No. 785  
 Township Bay View Primary Registration District No. 6031  
 City Manchester (No. Manchester Home for aged) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 253

**2. FULL NAME**

Mary Margaret Gregory  
 (a) Residence, No. 2151 1/2 68th St. Ward \_\_\_\_\_

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Henry E. Gregory

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15<sup>th</sup> 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
54 3 22

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

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) Glasgow Scotland

13. NAME James Holleran

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yorktown Scotland

15. MAIDEN NAME Anna Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yorktown Scotland

17. INFORMANT (ADDRESS) Mrs. George E. Craig Jr.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cemetery DATE Dec 10 1934

19. UNDERTAKER (ADDRESS) L. A. Tanner 6127 National Bridge Rd

20. FILED 12/8/1934 Agnes C. Bell Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1934 to Dec. 7 1934

I last saw her alive on Dec. 6<sup>th</sup> 1934 Death is said to have occurred on the date stated above, at 3:35 P. m.

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

Chronic myocarditis (syphilitic) Date of onset 2 1/2 yrs

Other contributory causes of importance \_\_\_\_\_

Syphilis - mega - vascular

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Chem. tests 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) B. R. Loving, M. D. (Address) Ballwin, Mo.

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.

WHILE FATHERLY, WITH ONFADING INK... THIS IS A PERMANENT RECORD

