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.

AUG 9 1935

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

Do not use this space.

21681

1. PLACE OF DEATH

County ..... Registration District No. 7 ..... File No. 5687

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

City St Louis (No. Desloge Hospital St. ..... Ward)

2. FULL NAME Flora Gregor

(a) Residence, No. 4200 John Av. St., 10 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: Female
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: Frank Gregor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Abt 1882 Unknown

7. AGE: Abt 54 YEARS MONTHS DAYS Unknown If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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): Ill

FATHER

13. NAME: Oscar Claywell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Frank Gregor 4200 John Av.

18. BURIAL, CREMATION, OR REMOVAL: Near Picker DATE 7-2 1935

19. UNDERTAKER (ADDRESS): W. C. Maydell 1926 Allen Av.

20. FILED JUL -2 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/25/35, 19..., to 6/30, 1935

I last saw her alive on 6/29/, 1935 Death is said to have occurred on the date stated above, at 6 10 a.m.

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

	Date of onset
Metastatic Carcinoma of Liver and Lungs	5/34
Carcinoma of right breast	5/34
Primary seat in breast	

Other contributory causes of importance: Shock

50

Name of operation Cordotomy Date of 6/29/35

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? ..... 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) J. H. Eccleston, M. D.

(Address) Desloge Hosp.