

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.

JAN 20 1937

46264

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **4533a Kennerly Ave**) St. Ward)

File No. **12050**
Registered No.

2. FULL NAME **Vernon Edward Gregg**

(a) Residence, No. **4533a Kennerly Ave** St. Ward. (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 Male	4. COLOR OR RACE Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1935		
7. AGE	YEARS	MONTHS
	1	5
		3
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		IF LESS than 1 day, hrs. or min. Nil
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 5th 1936**

22. I HEREBY CERTIFY, That I attended deceased from **11-28** 19**36** to **12-5** 19**36**

I last saw him/her alive on **12-5** 19**36** Death is said to have occurred on the date stated above, **12:00** m.

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

Bronchial Pneumonia Date of onset **11-28/36**

Other contributory causes of importance:

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12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	St. Louis Mo
13. NAME	Charles H. Gregg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Burleson Co. Texas
15. MAIDEN NAME	Cleora A. Burroughs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Mobile Ala.
17. INFORMANT (ADDRESS)	Charles H. Gregg 4533a Kennerly Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE	Washington Park Dec 8th 36
19. UNDERTAKER (ADDRESS)	Charles J. Gates 4107 Finney Ave
20. FULL NAME (ADDRESS)	J. Bredeck 809 N. Jefferson Ave

Name of operation Date of
What test confirmed diagnosis? **Clinical** 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) **T. J. Walker** M. D.
(Address) **809 N. Jefferson Ave**

DEC 8 1936

Registrar.

