

AUG - 5 1937

## MISSOURI STATE BOARD OF HEALTH

Do not use this space.

## ISOLATION HOSPITAL

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Isolation Hospital

25784

## 1. PLACE OF DEATH

County.....  
Township.....  
City Saint Louis, Mo. (No. ....)Registration District No. 791  
Primary Registration District No. 1003File No. ....  
Registered No. 3958  
St. .... Ward)

## 2. FULL NAME

Marjorie Gregory(a) Residence, No. 213 E. Primm St. 1 Ward. ....  
(Usual place of abode)Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 19307. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
0 8 8OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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 occupation12. BIRTHPLACE (CITY OR TOWN) Saint Louis  
(STATE OR COUNTRY) MissouriFATHER  
13. NAME George Gregory14. BIRTHPLACE (CITY OR TOWN) Ill.  
(STATE OR COUNTRY)MOTHER  
15. MAIDEN NAME Margaret Anthony16. BIRTHPLACE (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)17. INFORMANT MG. Barry  
(ADDRESS) Isolation Hospital18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mount Olive Cem DATE JULY 22, 193719. UNDERTAKER Jos. P. Fendler, Jr.  
(ADDRESS) 7128 Michigan, A.D.20. FILED 22 1937 19. J. T. Bredeck  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 193722. I HEREBY CERTIFY, That I attended deceased from June 28, 1937, to July 20, 1937.  
I last saw him alive on July 20, 1937. Death is said to have occurred on the date stated above, at 3:15 P.M.

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

Pertussis  
Otitis Media, Bilat.  
Pyelocystosis  
BronchopneumoniaDate of onset  
6.21

Other contributory causes of importance:

Name of operation None Date of  
What test confirmed diagnosis? clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury  
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 injury24. Was disease or injury in any way related to occupation of deceased?  
If so, specify(Signed) Harry J. Ulrich, M. D.  
(Address) 5600 Armand

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.

