

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

32672

## 1. PLACE OF DEATH

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis mo. (No. Barnes Hospital.) St. 12 Ward)

File No.....  
 Registered No. 8726

2. FULL NAME Anna Catherine Gregory

(a) Residence, No. 4512 Newberry Terrace St., 12 Ward.  
 (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. (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benjimen J. Gregory.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1889.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
48 6 8

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. at home

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) Parsons, Kansas.

13. NAME Charles G. Duffy.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

15. MAIDEN NAME Margie Talbridge.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT Mrs. B. J. Gregory  
 (ADDRESS) 4512 Newberry Terrace

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Lake to Lakes Home DATE Sept. 18, 1937

19. UNDERTAKER Geo. L. Pleitach, Inc.  
 (ADDRESS) 59 1/2 E. Eastern Ave.

20. FILED SEP 18 1937 Woodcock  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 9 - 14 - 1937, to 9 - 14 - 1937.

I last saw her alive on 9 - 14 - 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Strangulated ventral hernia Date of onset 9-14-37

hernia slash

Other contributory causes of importance:

Poor operative slash.

hernia + repair of hernia  
 Name of operation..... Date of 9-14-37

What test confirmed diagnosis? operation 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? +  
 If so, specify.....

(Signed) Wm. J. Allen, M. D.  
 (Address) BARNES HOSPITAL

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.

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THE UNIVERSITY OF CHICAGO  
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