

JAN 10 1938

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

43127

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis Mo.** (d) Street No. **St. Johns Hospital** Registered No. **11377**
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Hattie Pauline Gregg**

(a) Residence, No. **2744a Cass Ave** St. **21** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 29, 1883**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 6 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At. Home**

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **2 2/2**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**

13. NAME **Frederick Lubenow**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 10**

15. MAIDEN NAME **Alvina Ertmann**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 10**

17. INFORMANT (ADDRESS) **Mrs. Viola Faupel Gleason**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters** DATE **Dec 11 1937**

19. FUNERAL DIRECTOR (ADDRESS) **St. Paul L & N Co. 2700 St. Grand Blvd**

20. FILED **DEC 10 1937** **J. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 8 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 5 1937** to **Dec 8 1937**
I last saw her alive on **Dec 7 1937** Death is said to have occurred on the date stated above, at **8:55 A.M.**

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

Pneumonia 33 a
Other contributory causes of importance: Syphilis (Ac. Jan. 1910) Colon Bacillus

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) **W. J. [Signature]**, M. D.
(Address) **3700 Washington**

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Elton H. Remelius*

Licensed Embalmer No. *3154*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)