

JUN 24 1938

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

Do not use this space.

REC'D JUL 7 1938

1. PLACE OF DEATH

County Saint Louis

Registration District No. 784

Township Carondelet

Primary Registration District No. 200

City Jefferson Barracks (No. Veterans Hospital)

File No. 22997

Registered No. 1082

2. FULL NAME William GREGORY

(a) Residence, No. 2504 Glenwood Avenue, St. Eldorado, Illinois.

(Usual place of abode) Length of residence in city or town where death occurred yrs. Unkn 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 27, 1897

7. AGE YEARS 40 MONTHS 6 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Optician 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) Dec. 1937 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) Cave-in-Rock, Illinois

FATHER 13. NAME John H. Gregory

FATHER 14. BIRTHPLACE (CITY OR TOWN) Illinois

MOTHER 15. MAIDEN NAME Georgia Henry

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Equality, Illinois

17. INFORMANT (ADDRESS) Clinton L. Jefferson Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE June 25, 1938

19. UNDERTAKER (ADDRESS) C. Hoffmeister Und. & Livery Co. 7814 S. Broadway, St. Louis, Mo.

20. FILED 24 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 26, 1938 to June 23, 1938

I last saw him alive on June 23, 1938 Death is said to have occurred on the date stated above, at 7:20 P.M.

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

Septicemia, generalized, streptococcus, hemolytic with pneumonia, lobar, right lower lobe. Date of onset Unkn.

Other contributory causes of importance: Arthritis, chronic, suppurative, left knee, complicated by fracture, left patella and condyle of left femur & tibia. (Fracture result of auto accident) Name of operation See other side Date of 1/14/38 Ray, clinical manir and laboratory (What test confirmed diagnosis? Was there an autopsy? NO)

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 12/23, 1937 Where did injury occur? Between Lawrenceville & Marshall, Ill. (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Public Place Manner of injury Head on collision with another car Nature of injury Fracture

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) C. H. HUGHES, Chief Med. Officer, D. (Address) VAF Jefferson Barracks, Mo.

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.

1 X6314

Operation: Open reduction and fixation of patella 1/14/38.