

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

36895
Do not use this space.

NOV 14 1939

1. PLACE OF DEATH

(a) County Phelps Registration District No. 678
 (b) Township St James Primary Registration District No. 4404
 (c) City St James (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Bert Gregg

(a) Residence, No. St James Mo St. (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 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 Elvie Gregg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-1880

7. AGE YEARS 59 MONTHS 1 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber

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) 1-1-39 **11. Total time (years) spent in this occupation** 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carle Ill

FATHER

13. NAME Russ Gregg

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

MOTHER

15. MAIDEN NAME Clare Manner

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

17. INFORMANT (ADDRESS) Elvie Gregg St James Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Masonic Cem DATE 10-29-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W E Luchlader St James Mo

20. FILED 11-3-1939 Elvie B. South
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:
mitral Regurgitation
 Date of onset _____

Other contributory causes of importance: g. 2 ill

Name of operation _____ Date of _____
 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? _____ 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) Oral Luchlader coroner
 (Address) St James Mo

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.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 11/12

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Orville Lecklider

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Orville Lecklider*

Licensed Embalmer No. 3546

P. O. Address *H. James m*

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.)

If this body is not embalmed, above space should be left blank.