

1940
MAR 7 1940
Registration District No. 784

Primary Registration District No. 116

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
207 Westgate
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 36 years
- years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 207 Westgate
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Charles Joseph Gregory

8. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grace H. Gregory 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Nov 25 5 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>3</u>	<u>27</u>	hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Manufactures Representative

11. Industry or business _____

12. Name William Gregory

13. Birthplace Rochester New York
(City, town, or county) (State or foreign country)

14. Maiden name Mary Josephine Laramie

15. Birthplace Lincoln Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Gregory

(b) Address 207 Westgate

17. (a) burial (b) Date thereof 3-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) MAR 3 - 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month March day 2 year 1940 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 16 to March 2, 1940
that I last saw him alive on March 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thromboses

Due to 94%

Due to arteriosclerosis

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration the
PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 639 N Frank Date signed 3/2/40

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.

NON-FADING BLACK INK-MAKE A PERMANENT RECORD

1 X10511

*Chas. E. Egan
Mr. Theodor Deley*

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Jos. E. McCulloch*
Licensed Embalmer No. *2460*
P. O. Address *6176 Delmar*

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.