

FILED APR 3 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In this community 20 years
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Sarah Gregory

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

4. Sex female 5. Color or race colored 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Thomas Gregory 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Aug. 10 1893
(Month) (Day) (Year)

8. AGE: Years 46 Months 7 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Manchester Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Will Thomas

13. Birthplace Valley Park Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Unknown

15. Birthplace Chesterfield Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Gregory

(b) Address 303 Lithia Webster Groves, Mo.

17. (a) Burial (b) Date thereof 31 25-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Dr. L. Beal

(b) Address 25 15th

19. (a) Mar 25 1940 (b) R. J. Rosen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 303 Lithia
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 22
year 1940 hour 4 minute :45 A.M.

21. I hereby certify that I attended the deceased from 3/12/40
_____ 19 _____ to 3/22/40 _____ 19 _____

that I last saw her alive on 3/22/40 _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial insufficiency

Due to Hypertension and buses

Due to _____

Other conditions (include pregnancy within 3 months of death) 3.4

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature R. J. Rosen (M. D. or other) _____

Address Co. Mo. Date signed 3-25-40

Duration years? _____
years? _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 Burdie Beal Anderson

Licensed Embalmer No. 2929

P. O. Address.....

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.