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FILED SEP-25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26790

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6686

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

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3922 KENNERLY AV. 21
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 1-1

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County
(c) City or town ST. LOUIS 11
(If outside city or town limits write "RURAL")
(d) Street No. 3922 KENNERLY AV.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME FLORENCE GREGORY
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife DR. A. T. GREGORY
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOV. 25 (Month) (Day) 1861 (Year)
8. AGE: Years 78 Months 8 Days 10 If less than one day hr. min.
9. Birthplace ILLINOIS (City, town, or county) (State or foreign country)
10. Usual occupation NIL
11. Industry or business
FATHER 12. Name WM F. SHRAGA
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name EMILY L. SAYLOR
15. Birthplace PENN. (City, town, or county) (State or foreign country)
16. (a) Informant Lloyd E. Gregory
(b) Address 3922 Kennerly
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 6 1940 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK
18. (a) Signature of funeral director E. J. Schmitt
(b) Address 3125 Lafayette Av.
19. (a) AUG 6 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 4 year 1940 hour 1 minute 03 A. M.
21. I hereby certify that I attended the deceased from 2/1/40, 19, to Aug. 3-40, 19; that I last saw h. alive on Aug. 3-40, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Lobar Pneumonia	48 hrs.
Due to Senility	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
Signature M. Hamilton (M. D. or other)
Address 3831 Market Blvd Date signed 8-5-40

(Licensed Embalmer's Statement on Reverse Side)

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. B. Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.