

Registration District No. 7901

Primary Registration District No. 1003

Registrar's No. 7355

1. PLACE OF DEATH

(a) County
(b) City or town *St. Louis*
(c) Name of hospital or institution *St. Louis City Hospital*
(d) Length of stay: In hospital or institution *3*
In this community *3* years, months or days

3. (a) PRINT FULL NAME *Herbert GREGG*

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

4. Sex *Male* 5. Color *White*
6. (a) Single, married, divorced, widowed *Widowed*

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive

7. Birth date of deceased *Unknown*
(Month) (Day) (Year)

8. AGE: Years *abt. 62* Months Days If less than one day
hr min.

9. Birthplace *Unknown*
(City, town, or county) (State or foreign country)

10. Usual occupation *Labour*

11. Industry or business

12. Name *Unknown*

18. Birthplace *Unknown*
(City, town, or county) (State or foreign country)

14. Maiden name *Unknown*

15. Birthplace *Unknown*
(City, town, or county) (State or foreign country)

16. (a) Informant *Leonard Forsting - P.D.*
(b) Address *6415 Wanda*

17. (a) (Burial, cremation, or removal) *Washington*
(b) Date thereof *8-30-40*
(Month) (Day) (Year)

(c) Place: burial or cremation *Washington*

18. (a) Signature of funeral director *W. Kubler*
(b) Address *3000 Ridge*

19. (a) *SEP 3 1940* (b) *J.P. [Signature]*
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County
(c) City or town *St. Louis 25*
(d) Street No. *2215 Broadway*
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *8* day *17*
year *1940* hour *10:40* minute *A* M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death *Coronary Occlusion*

Due to *Arterio Sclerosis*

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations *gub*
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?
(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 *5*

23. Signature *Joseph M. [Signature]*
Address *Deputy [Signature]*

Duration
Physician
Underline the cause to which death should be charged statistically.

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

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.....

Licensed Embalmer No.....

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.