

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34076**
Registrar's No. **8773**

NOV 16 1940
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Days
(Specify whether)
In this community 45 years
years, months or days

3. (a) PRINT
FULL NAME

8. (b) If veteran,
name war No

3. (c) Social Security
No. None

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

6. (b) Name of husband or wife Emma Gregory 6. (c) Age of husband or wife if
alive 53 years

7. Birth date of deceased December 18 - 1879
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 3 If less than one day
hr. min.

9. Birthplace Viller Ridge Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Caring Brick

12. Name George William Gregory

13. Birthplace Viller Ridge Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Strong

15. Birthplace Viller Ridge Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Gregory
(b) Address 4225 Enright Ave.

17. (a) Burial (b) Date thereof 10/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director C. W. Roberts
(b) Address 3035 Lucas Ave.
19. (a) OCT 24 1940 (b) J. H. Blacklock
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4225 Enright
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21st
year 1940 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from Oct. 6th
1940 to Oct. 21, 1940
that I last saw him alive on Oct 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pneumonia & Sclerosis

Due to C.P.C. of lungs from tubercular
caused by fatiosis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy Consolidation of upper lobes
of lungs; C.P.C. of lungs

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 J. P. Davis (M. D. or other) J. P.
Address St. Mary's Infirmary Date signed Oct 22-40

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 me

Miss. Gammie, Registered Apprentice No. 2349

working under my personal supervision.

Signed

Chas. Gammie

Licensed Embalmer No. 2349

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.