

N. B.—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.

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmery
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days)

In this community 40 years

3. (a) PRINT FULL NAME Jean Gregory

3. (b) If veteran, name war NONE

3. (c) Social Security No. Unknown

4. Sex Female **5. Color or race** White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. June 9 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>4</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name Allen McDonald

13. Birthplace Unknown Canada
(City, town, or county) (State or foreign country)

14. Maiden name Sara Anderson

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

16. (a) Informant's own signature J. H. Sullivan

(b) Address 5800 Arsenal

17. (a) BURIAL **(b) Date thereof** 10-25-40
(Burial, cremation, or removal) (Month) - (Day) - (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Sullivan & Kelly

(b) Address 1416 N. Taylor Ave

19. (a) OCT 25 1940
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
 year 1940 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 11, 1940 to Oct. 18, 1940
 that I last saw her alive on Oct. 18, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration _____

Due to _____

Due to _____

Other conditions Senility, generalized arteriosclerosis

Major findings: _____

Of operations _____

Of autopsy as above

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 P. Maxwell (M. D. or other)
 Address 5600 Arsenal, St. Louis Date signed 10/21/40

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 _____

Raymond E. Burke
working under my personal supervision.

Registered Apprentice No. _____

Signed

Raymond E. Burke
city living
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Licensed Embalmer No. *3985*
P. O. Address *St Louis, Mo*

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.