No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26850

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 6642

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: Homer G. Phillips Hospital
(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 18 Yrs 0

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. 4362 Evans Ave.
(If rural, give location)

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

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3. (a) PRINT FULL NAME Charles Gregg

3. (b) If veteran, name war --

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Cleora Gregg

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Unavailable abt. 1901
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
Abt.40	--	--	hr. min.

9. Birthplace Burles Co., Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Custodian

11. Industry or business Board of Education

FATHER
12. Name Clarence Gregg
13. Birthplace Burelson Co. Texas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Leah Nora Nazy
15. Birthplace Burelson Co. Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Cleora Gregg
(b) Address 4362 Evans Ave.

17. (a) Burial (b) Date thereof 8-16-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas J. Gates
(b) Address 4107 Finney Ave. St. Louis

19. (a) AUG 14 1941 (b) J. T. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 year 1941 hour 6 minute 05 P. M.

21. I hereby certify that I attended the deceased from August 3, 1941, to August 11, 1941, that I last saw him alive on August 11, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ca. of Tongue with Metastasis to Larynx and Cervical Lymph Nodes	
Due to	abt 5 Mos
Due to	
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

23. Signature H. H. Venable, M. D. (M. D. or other) D
Address 2601 North Whittier Date signed 8/12/41

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Johnson, Registered Apprentice No. _____ working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.