

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33591**
Registrar's No. **8549**

Registration District No. **791**

Primary Registration District No. **1003**

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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Missouri
(a) State..... (b) County 100
(c) City or town St. Louis 1321
(If outside city or town limits, write "RURAL") S
(d) Street No. 2909 Lawton
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary Gregory
3. (b) If veteran, name war.....
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 24, 1941
year..... hour 3 minute 00 P. M.
21. I hereby certify that I attended the deceased from October 22, 1941
to October 24, 1941

4. Sex Female 5. Color or race col
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband Wesley Gregory
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased 1873
(Month) (Day) (Year)

that I last saw her alive on October 24, 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Hypertensive Heart Disease 20 years
Duration

8. AGE: Years Months Days If less than one day
68 4 13 hr. min.

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

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

10. Usual occupation Domestic

11. Industry or business.....

12. Name not known

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

14. Maiden name not known

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

16. (a) Informant Wesley Gregory

(b) Address 2909 Lawton Blvd.

17. (a) Burial (b) Date thereof 10-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. W. Johnson

(b) Address 2906 Lawton Blvd.
Oct 28 1941 (c) J. F. Budeck
(Date received local registrar) (Registrar's signature)

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 0

23. Signature J. W. Johnson (M. D. or other).....
Address 2601 N. Whittier Date signed 10-27-41

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

MOTHER FATHER

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
....., Registered Apprentice No.
working under my personal supervision.

Signed Clark Young
Licensed Embalmer No. 2371
P. O. Address St. Louis

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, fact should be so stated above.