S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 8625

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2744

**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: 1525 Pine St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 Yrs.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 25 000 17 9

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

(d) Street No. 1525 Pine St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country N

3. (a) PRINT FULL NAME Nancy E. Gregg

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 1

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

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

7. Birth date of deceased Sept. 19th., 1862
(Month) (Day) (Year)

8. AGE: Years 89 Months 6 Days 6 If less than one day hr. min.

9. Birthplace Desota (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Adam Pope
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Mayme Steinman
(b) Address 8127 Olive St. Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Archie J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) MAR 27 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar. day 25th., year 1942 hour 5 minute 30 p. M.

21. I hereby certify that I attended the deceased from Dec 20 1941 to March 25 1942 that I last saw her alive on ~~Dec~~ March 25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis — Duration five months

Due to ✓

Due to ✓ 106

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

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 James M. Haven (M. D. or other)
Address 2025 S. Jefferson Date signed March 25 1942

(Licensed Embalmer's Statement on Reverse Side)

2025 S. Jefferson

## 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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**