

Registration District No. 784

Primary Registration District No. 101

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day 7 1/2 hrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6532 Easton Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Viola Gregory

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex female / race white
5. Color or / race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charles Gregory
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased Feb. 12 1911
(Month) (Day) (Year)

8. AGE: Years 31 Months 5 Days 18
If less than one day hr. _____ min. _____

9. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER
12. Name Richard Boenker
13. Birthplace St. Charles County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Anna Nessler
15. Birthplace St. Charles County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charles T. Gregory
(b) Address 6532 Easton Ave
17. (a) Burial (b) Date thereof Aug. 3 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran St. Charles Mo.

18. (a) Signature of funeral director Geo. P. Plebush
(b) Address 5966 Easton St. Mo.
19. (a) JUL 31 1942 (b) W. M. Garrison
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1942 hour 5 minutes 30 P. A. M.
21. I hereby certify that I attended the deceased from 7-29-42
_____ 19 _____ to 7-30-42 19 _____
that I last saw her alive on 7-30-42
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 40 hr

Due to Valvulus
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Grossly distended & cyanotic sigmoid & descending colon
Of autopsy Swollen substance in sigmoid on sigmoid

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 _____
Signature W. M. Garrison (M. D. or other) _____
Address College Date signed 7/30/42

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

76
329

MAY 8 1945

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 3454

David C. Gibson

, Registered Apprentice No.

working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No.

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, fact should be so stated above.