

FILED DEC 10 1942
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Registration District No.

Primary Registration District No. 202

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

1. PLACE OF DEATH: St Louis

(a) County St Louis

(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mo
(Specify whether years, months or days)

In this community 3 mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL.") 9

(d) Street No. 1223 Green Grove
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME Maggie Pauline Gregory

3. (b) If veteran, name war no

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
year 1942 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from 8-11-1942 to 11-11-1942
that I last saw him alive on 11-11-1942
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wesley Gregory 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased: May 16 1890
(Month) (Day) (Year)

Immediate cause of death: Pulmonary Tuberculosis
Tuberculosis of Intestine

Due to

Due to

8. AGE: Years 52 Months 5 Days 25 If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death) BM

Major findings: Of operations

Of autopsy

9. Birthplace Mont Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

MOTHER, FATHER { 12. Name James Stringer

13. Birthplace Mont Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Reine

15. Birthplace Crawford Co Missouri
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Robert Koch Hospital

(b) Address Koch Mo

17. (a) Burial (b) Date thereof 11-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

23. Signature Paul Winsty (M. D. or other) no
Address Koch Mo Date signed 11-11-42

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Highways

19. (a) NOV 13 1942 (b) W. M. Kavanagh
(Date received local registrar) (Registrar's signature)

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.....

Edward M. Bennett

Licensed Embalmer No.

3024

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.