

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8262/

State File No.

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 601

1. PLACE OF DEATH:
 (a) County St. Louis County
 (b) City or town Clayton
 (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
 In this community (30) Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Elmwood Park
 (If outside city or town limits, write "RURAL")
 (d) Street No. Roberts and Wishart
 (If rural, give location)
 (e) Citizen of foreign country? American (Yes or No)
 If yes, name country U.S.A.

3. (a) PRINT FULL NAME: Gregley, Eula Robinson.
 3. (b) If veteran, name war. 3. (c) Social Security No. None

4. Sex fem 5. Color or race col 6. (a) Single, widowed, married, divorced, marr.
 6. (b) Name of husband or wife Oscar Gregley 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased 8-10-91
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 6 28 hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER, FATHER:
 12. Name John White
 13. Birthplace Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Anne Murdock,
 15. Birthplace Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant self

(b) Address So. Eastconer Robert & Wishart Elmwood Park St. Louis, Mo

17. (a) Burial (b) Date thereof 8-13-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park, Cer

18. (a) Signature of funeral director Houston's Funeral Home

(b) Address 2812 Thomas Street

19. (a) MAR 10 1944 (b) E. G. McHarran, M.D.
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3- day 7-
 year 44 hour 9:00 minute A. M.
 21. I hereby certify that I attended the deceased from 3-6-44, 1944, to 3-7-44, 1944;
 that I last saw him alive on 3-6-44, 1944,
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 12 hrs.

Due to Hypertensive cardiovascular disease & decompensation ?

Due to

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations
 Of autopsy 930
 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 J. A. Wilson (M. D. or other) M.D.
 Address St. Louis County Hospital Date signed 3-8-44

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

16
2
3

96
0
0

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 Chas. L. Howell

Licensed Embalmer No. 2452

P. O. Address 2834 Bamble

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.