

FILED AUG 21 1944

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7091**

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

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:
St. John's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME Archibald J. Gregson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mayme Gregson

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased November 9 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65	9	3	hr. min.
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9. Birthplace Round Prairie Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name William Gregson

13. Birthplace Round Prairie Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Alice Dickson

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

16. (a) Informant Willis J. Gregson

(b) Address 5329 Savoy Court

17. (a) Removal (b) Date thereof 8-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baldwin, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4790 Washington Blvd.

19. (a) AUG 15 1944 J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Randolph

(c) City or town Baldwin
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
 year 1944 hour 6:20 minute A. M.

21. I hereby certify that I attended the deceased from July 31, 1944
 19____, to 8-11-44, 19____

that I last saw him alive on 8-11-44, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Parkinson Disease

Due to.....
Arteriosclerosis

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)
87

Major findings:
 Of operations.....
 Of autopsy.....

Duration

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) (Specify means of injury)

23. Signature Carl J. Ryan (M. D. or other).....
 Address Humboldt, Mo. Date signed 8-23-44

1602

1602

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 John Agoroshi
Licensed Embalmer No. 3398

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.