S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39372

FILED DEC 27 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10639

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 days 0 (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5800 Arsenal 43
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Albert Gregory

3. (b) If veteran, name war NO

3. (c) Social Security No. 49[illegible]20-3834

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife Nettie

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

7. Birth date of deceased 4 (Month) 19 (Day) 1879 (Year)

8. AGE: Years 65 Months 7 Days 18 If less than one day hr. min.

9. Birthplace Nashville (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Night-watchman

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant Effie Moore
(b) Address 1927 Delmar Ave

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof 12-14-44 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Bennie Love
(b) Address 3103 Washington Blvd

19. (a) DEC 13 1944 (Date received local registrar) (b) J Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7, year 1944 hour 11 minute 55 A. M.

21. I hereby certify that I attended the deceased from November 9, 1944, to December 7, 1944; that I last saw him alive on December 7, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Degenerative Heart Disease with Congestive failure	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93

Major findings:
Of operations
Of autopsy

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 0

23. Signature Alva Moore (M. D. or other)
Address 260 Whittier Date signed 12/8/44

(Licensed Embalmer's Statement on Reverse Side)

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. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address City

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.