

S. No. 2
M-5-43
5-17-39
X38671

FILED SEP 1 1945

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 7185

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:
3205 Dakota /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ 58 years _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 24

(d) Street No. 3916 Bay Street
(If rural, give location)

(e) Citizen of foreign country? Yes 0 (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME Caroline W. Gregory

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13,
year 1945 hour 4: minute 25 P. M.

21. I hereby certify that I attended the deceased from June-15, 1945, to Aug. 13-, 1945
that I last saw her alive on Aug. 11-, 1945
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White

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

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

7. Birth date of deceased January 31, 1871
(Month) (Day) (Year)

Immediate cause of death:
1 - Chronic Myocarditis -
2 - Arteriosclerosis

Due to _____

Due to _____

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

Duration _____

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

74 6 13 _____ hr. _____ min.

9. Birthplace Hessen Nassau, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name George Harff

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Anna Marie Meyer

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Margaret Winkler

(b) Address 3205 Dakota Avenue

17. (a) Burial (b) Date thereof Aug. 16, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard

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? _____

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1936 St. Louis Ave.

19. (a) AUG (b) J. P. [Signature]
(Date received local registrar's certificate) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Roman J. Strong (M. D. or other) MD
Address 4500 Virginia Date signed 8-14-45

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

AUG 17 1945

2185

2185

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.....

Glen W. Hat

Licensed Embalmer No. *37373*

P. O. Address. *1936 N. Louster*

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.