

No. 2  
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-17-39  
X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 12 1946**  
Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

41823  
State File No. 2  
Registrar's No. 3456

Primary Registration District No. 3066

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
HOME-1239 OAKSHIRE LANE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County ST. LOUIS 9th  
(c) City or town Kirkwood (If outside city or town limits, write "RURAL")  
(d) Street No. 1239 OAKSHIRE LANE (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ADDIE GREGORY  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 6 3 1869  
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace LEWIS COUNTY, MISSOURI  
(City, town, or county) (State or foreign country)  
10. Usual occupation HOUSEWOMEN

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name HARVEY GREGORY  
13. Birthplace LEWIS COUNTY, MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name PHOEBE BOWLES  
15. Birthplace LEWIS COUNTY, MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Lemuel Gregory  
(b) Address 1239 Oakshire Lane  
17. (a) REMOVAL (b) Date thereof 12-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation La Belle, Missouri  
18. (a) Signature of funeral director Mayer-Pfizinger Funeral Home  
(b) Address 331 S. Kirkwood Rd. Kirkwood 22, Mo  
19. (a) 12-1-46 (b) Paula Darrault  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 6  
year 1946 hour 9: minute 35 AM  
21. I hereby certify that I attended the deceased from Nov. 15 -, 1946 to Dec 6 -, 1946  
that I last saw her alive on Dec 5 -, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Infirmity of age with arteriosclerosis 20 days  
Due to acute cold with mild influenza  
superficial infection also a  
Due to contributory factors 2 days  
Other conditions arterio-sclerosis 10 yrs.  
(Include pregnancy within 3 months of death)

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?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Dr. J. J. ... (M.D. or other) DD  
Address 2002 Taylor St. St. Louis 8, Mo Date signed 12/7/46

**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 *William H. Fitzinger*  
Licensed Embalmer No. *4396*  
P. O. Address *Winnings Lane  
Glendale, Mo.*

**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.**