

MISSOURI DIVISION OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. **20905**  
 Registrar's No. **5267**

FILED JUN 21 1948  
 Registration District No. **318**

Primary Registration District No. **1003**

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:  
St. Louis City Hospital-Max C. Starkloff  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
8 Years  
 In this community \_\_\_\_\_  
 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")  
 (d) Street No. 4012 Garfield Memorial (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NANNIE GREGORY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 412-03-2378

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Lee Gregory 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: July 7 1884  
 (Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 0  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: Kentucky (City, town, & county) (State or foreign country)

10. Usual occupation Machine Operator

11. Industry or business Dress Maker

12. Name John Dunaway

13. Birthplace Edlin Kentucky  
 (City, town, or county) (State or foreign country)

14. Maiden name Ford

15. Birthplace Edlin Kentucky  
 (City, town, or county) (State or foreign country)

16. (a) Informant Arlice Cross

(b) Address 4012 Garfield

17. (a) Removal (b) Date thereof JUN 9 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or crematory Memphis Tennessee

18. (a) Signature of funeral director St. Louis Funeral Home

(b) Address 2205 St. Louis

19. (a) JUN 9 1948 (b) J. F. Brerack  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th  
 year 1948 hour 8 minute 25 P M.

21. I hereby certify that I attended the deceased from 5/4/48  
 \_\_\_\_\_, 19\_\_\_\_, to June 7th, 1948  
 that I last saw her alive on June 7th, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction due to arteriosclerotic thrombosis of coronary artery  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy Myocardial infarction  
Alburnum pericarditis  
 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 0

23. Signature Max C. Starkloff 6/8/48 M. D. or other \_\_\_\_\_  
 Address 2205 St. Louis Date signed \_\_\_\_\_

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**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 *J. W. Wilkinson*

Licensed Embalmer No. *3575*

P. O. Address *St. Louis, 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.**