

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

FILED FEB 14 1949

10.48

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>39</u>			
1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u>		c. LENGTH OF STAY (in this place) <u>10 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>OVERLAND</u>		79 19			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2608 Woodson Rd.</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>THOMAS</u>		b. (Middle) <u>ROBERT</u>		c. (Last) <u>GREGORY</u>			
4. DATE OF DEATH		(Month)		(Day)		(Year)			
		<u>1</u>		<u>5</u>		<u>1949</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>APR. 14, 1873</u>			
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>8</u>		IF UNDER 24 HOURS Days <u>21</u>		IF UNDER 24 HOURS Hours <u>19</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARE TAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>POOL-HALL</u>		11. BIRTHPLACE (State or foreign country) <u>KEENES, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>CALVIN GREGORY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY T. BULLARD</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Dobbs. D.C.D.</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Florence Carter</u>		ADDRESS <u>3351 Edmondson</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>				ANTECEDENT CAUSES				18 hours	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Coronary Thrombosis</u>					
				DUE TO (c) <u>Arteriosclerosis</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				946 420					
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION <u>0</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>1-5</u> , 1949, to <u>1-5</u> , 1949, that I last saw the deceased alive on <u>1-5</u> , 1949, and that death occurred at <u>9:00P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>R.R. Coble</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>601 S. Brentwood, Clayton</u>			
23c. DATE SIGNED <u>1-6-49</u>									
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Interment</u>		24b. DATE <u>1-8-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shannon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Keenes, Illinois</u>			
DATE REC'D BY LOCAL REG. <u>1-7-49</u>		REGISTRAR'S SIGNATURE <u>Thurmond</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baumgardner Bros. Inc.</u> ADDRESS <u>2508 Woodson Rd. - Overland, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Isaac F. Mueller

Signed _____
Student Embalmer

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.