

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24841

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6349

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis, Missouri</u>		a. STATE <u>Missouri</u> b. COUNTY _____	
c. LENGTH OF STAY (in this place) <u>7 Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		STREET ADDRESS (If rural, give location) <u>1408a Sullivan Avenue</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Francis</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Gregory</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>July 20, 1949</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 24, 1904</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
			<u>45</u>	Months <u>1</u>	Days <u>26</u>	Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Dock Hand</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Strecker Tfr. Co.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	--	---

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Rose Gregory, nee Staib</u>
-----------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rose Gregory, 1408a Sullivan Avenue</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	2. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DIABETES MELITUS</u>		
	I. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gastric Hemorrhage</u> DUE TO (c) <u>Gastric Ulcer</u>		<u>5 Hrs.</u> <u>4 Months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cirrhosis of liver.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
		<u>St. Louis, Missouri</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>5711</u>
---	--	--

22. I hereby certify that I attended the deceased from 6-1, 1949, to 7-20, 1949, that I last saw the deceased alive on 7-19, 1949 and that death occurred at 2:10 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. J. Seiner, M.D.</u>	23b. ADDRESS <u>634 N. Grand.</u>	23c. DATE SIGNED <u>7-21-49</u>
--	-----------------------------------	---------------------------------

24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/23/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>JUL 22 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Foster</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u>
---	---	--

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.

Student .....  
Student Embalmer

Signed

*John A. Mlenai*

Licensed Embalmer No. *4186*

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.