S. No. 300
v. 10.48

0

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

FILED OCT 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32984

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8930

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Pacific Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East St. Louis 8124
d. STREET ADDRESS (If rural, give location): 1715 Exchange Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): SHELBY
b. (Middle): MOSS
c. (Last): GREGORY

4. DATE OF DEATH (Month) (Day) (Year): Sept. 25, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 11/11/1900
9. AGE (In years last birthday): 51 — If under 1 year: Months 10, Days 16 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Switchman
10b. KIND OF BUSINESS OR INDUSTRY: Ill. Terminal R.R.
11. BIRTHPLACE (State or foreign country): Mount Vernon, Ill. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Monroe L. Gregory
13b. MOTHER'S MAIDEN NAME: Nannie Walker
14. NAME OF HUSBAND OR WIFE: Marie Gregory

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 702-09-2559
17. INFORMANT'S SIGNATURE OR NAME: Marie Gregory
ADDRESS: 1715 Exchange E. St. Louis, Ill

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4201

22. *I hereby certify that I attended the deceased from* Sept 16, 1952, *to* Sept 26, 1952, *that I last saw the deceased alive on* Sept 24, 1952, *and that death occurred at* 8:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: James C. Vesler (Degree or title) M.D.
23b. ADDRESS: Mo Pac Hosp
23c. DATE SIGNED: 9-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept. 25, 1952
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): East St. Louis, Ill.

DATE REC'D BY LOCAL REG.: SEP 25 1952
REGISTRAR'S SIGNATURE: J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: John Kasly
ADDRESS: 1101 N. 9th St. E. St. Louis, Ill.

(Licensed Embalmer's Statement on Reverse Side)

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.

not embalmed

Student .....
Student Embalmer

Signed John J Kassly

Licensed Embalmer No. 6855 Ill

P. O. Address East St Louis, Ill

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.