

STANDARD CERTIFICATE OF DEATH

State File No. **3153**  
Registrar's No. **0901**

FILED FEB 11 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis 2219</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2613 1/2 Lucas</b>		d. STREET ADDRESS (If rural, give location) <b>21 2613 1/2 Lucas</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Dorothy</b> b. (Middle) c. (Last) <b>Gregory</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 23 53</b>	
5. SEX <b>3</b> <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>3/27/1891</b>
9. AGE (In years last birthday) <b>61</b>		10. MONTHS <b>9</b>	11. DAYS <b>26</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Westpoint, Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Thomas Sykes</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Love</b>	
14. NAME OF HUSBAND OR WIFE <b>Henry Gregory</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>James Gregory 4366 Walnut</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>A Grippe, Endocarditis</b> INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Nephritis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1 year</b>	
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)	
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 <b>592X</b>		22. I hereby certify that I attended the deceased from <b>June 16, 1953</b> , to <b>June 23, 1953</b> , that I last saw the deceased alive on <b>Jan 23, 1953</b> , and that death occurred at <b>11 A.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>2330 Franklin Ave</b>	
23c. DATE SIGNED <b>1/26/53</b>		24a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>1/28/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	
24d. LOCATION (City, town, or county) (State) <b>5500 Brown Road St. Louis Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>J. Bruce 4469 Washington</b>	
DATE REC'D BY LOCAL REG. <b>JAN 26 1953</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Frederick P. Stark

Signed.....  
Student Embalmer

Licensed Embalmer No. 4599

P. O. Address 4469 Washington St. Louis 8, 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.