

No. 300
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REG# 113081

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34624

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2386

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY OR TOWN ST. JAMES	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 13 DAYS		e. STREET ADDRESS (If rural, give location) SOLDIER'S HOME	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) F.	c. (Last) GREGORY	4. DATE OF DEATH (Month) (Day) (Year) 9-6-53
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-31-93	9. AGE (In years last birthday) 60	If UNDER 1 YEAR Months _____ Days _____	If UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SAW OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY Unk.	11. BIRTHPLACE (City and State or Foreign Country) JEFFERSON COUNTY, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME HENRY GREGORY	13b. MOTHER'S MAIDEN NAME ANNA BENNETT	14. NAME OF HUSBAND OR WIFE ELENORAH GREGORY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I	16. SOCIAL SECURITY NO. 491 16 1825	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF BRKS, MO.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FAR ADVANCED PULMONARY TUBERCULOSIS OF LEFT LUNG		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY EMPHYSEMA WITH FIBRO-CYSTIC DISEASE			

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **8-24, 1953**, to **9-6, 1953**, and that death occurred at **3:50A** m., from the causes and on the date stated above.

23a. SIGNATURE MICHAEL SANTIAGO, M.D. (Degree or title)	23b. ADDRESS VET ADM HOSP., JEFF BRKS, MO.	23c. DATE SIGNED 9-6-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 9/9/53	24c. NAME OF CEMETERY OR CREMATORY Weingarten	24d. LOCATION (City, town, or county) (State) Weingarten Mo
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DATE REC'D BY LOCAL REG. 9/6/53	REGISTRAR'S SIGNATURE Michael S. Santiago, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home
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(Licensed Embalmer's Statement on Reverse Side)

6322 S Grand

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

Oct 2 1939

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.....
Signature of Student Embalmer

Signed *David Van Groen*

Licensed Embalmer No. 424

P. O. Address 6322 20th St

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.