

XC-8 303 420
Reg. 11604 SL-7521

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42362**
Registrar's No. **10827**

FILED JAN 6 1955

318

1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10827					
1. PLACE OF DEATH a. COUNTY _____				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 town(ship) OR TOWN 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (in this place) 59 days		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.				e. STREET ADDRESS (If rural, give location) 2 / 3022a Sheridan				22170			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES			b. (Middle) -			c. (Last) McGREGAR			4. DATE OF DEATH (Month) (Day) (Year) 12-9-55		
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 10-26-08		9. AGE (In years last birthday) 47		if UNDER 1 YEAR Months 1 Days 13	if UNDER 24 Hrs. Hours - Mins. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAREHOUSEMAN				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) NORTH LITTLE ROCK, ARKANSAS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ANDREW MC GREGAR				13b. MOTHER'S MAIDEN NAME GERTRUDE WHITEFIELD				14. NAME OF HUSBAND OR WIFE ALBERTA MC GREGAR			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-2				16. SOCIAL SECURITY NO. 431073533		17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, 915 N. Grand, St. Louis, Mo.				ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA						INTERVAL BETWEEN ONSET AND DEATH 2 Mos.			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MALIGNANT HYPERTENSION						3 Yrs.			
		DUE TO (c) _____									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? 445x		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SOURCE 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? _____							
22. I hereby certify that I attended the deceased from 10-11-55 , 19____, to 12-9-55 , 19____, that death occurred at 9:25 a. m. , from the causes and on the date stated above.											
23a. SIGNATURE W. S. PIZZAGALLI (Degree or title) _____						23b. ADDRESS M.D. VA Hosp, 915 N. Grand, St. Louis, Mo.			23c. DATE SIGNED 12-9-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE Dec 11 1955		24c. NAME OF CEMETERY OR CREMATORY Haven Rest		24d. LOCATION (City, town, or county) N. Little Rock (State) Ark					
DATE REC'D BY LOCAL REG. DEC 12 1955		REGISTRAR'S SIGNATURE J. Carl Smith				25. FUNERAL DIRECTOR'S SIGNATURE J.H. Randle & Son		ADDRESS 3133 Bell Ave			

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.....
Signature of Student Embalmer

Signed.....
Melvin E. Green

Licensed Embalmer No. *442*

P. O. Address *St. Louis*

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.