

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45862

STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar **12038**

1. PLACE OF DEATH a. COUNTY St. Louis Mo.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fernind Desloge				Length of stay in lb		d. STREET ADDRESS (If outside, give location) 2121 Division	
3. NAME OF DECEASED (Type or print) First James Middle Last Gregory				4. DATE OF DEATH Month 12 Day 10 Year 57			
5. SEX Male		6. COLOR OR RACE N		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Apr. 18, 1896	
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		100. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and state or country) Paducah Ky.				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME JACK Gregory				14. MOTHER'S MAIDEN NAME UNK.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. 499-01-2205		17. INFORMANT Viola Gregory Address 2121 Division	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) klebsiella pneumoniae Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 492x						INTERVAL BETWEEN ONSET AND DEATH 2 weeks.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 11/27/57 to 12/10/57 and last saw him alive on 12/10/57 Death occurred at 12/10/57 7:35 AM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Leo T. New Jr. M.D.				22b. ADDRESS Fernind Desloge Hospital		22c. DATE SIGNED 12-11-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 12-16-57		23c. NAME OF CEMETERY OR CREMATORY OAK Dale Cem.		23d. LOCATION (City, town, or county) (State) St. Louis, County	
24. FUNERAL DIRECTOR F. A. Green		ADDRESS 4214 Delmar		25. DATE RECD. BY LOCAL REG. DEC 16 57		26. REGISTRAR'S SIGNATURE J. Carl Smith MO m86	

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.....
F. A. Green

Licensed Embalmer No. *296*

P. O. Address *4214 Delmar*

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.