

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2311

STATE FILE NUMBER

FILED FEB 5 1958

Registration District No. 276 Primary Registration District No. 5945 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rural (Dillontwp)		c. CITY OR TOWN Creve Cour	
c. FULL NAME OF (If NOT in hospital, give location) None		d. STREET ADDRESS St. Louis County	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) VERNON ^{First} RAYMOND ^{Middle} GREGORY ^{Last}	4. DATE OF DEATH Jan 26 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 9, 1909	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Month 2 Day 15 Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemical worker	10b. KIND OF BUSINESS OR INDUSTRY Chemical worker	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME Thomas Gregory	14. MOTHER'S MAIDEN NAME Nancy Trask
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.II	16. SOCIAL SECURITY NO. 543-09-2174	17. INFORMANT Address Anna Gregory, Creve Cour, Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1-2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 1/2

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.)
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20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION 	20f. COUNTY 	20g. STATE
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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 	20g. COUNTY 	20h. STATE
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21. I attended the deceased from **Jan 26, 1958**, to **Jan 26, 1958** and last saw **him** alive on **Jan 26, 1958**
Death occurred at **10:30 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Samuel C. Bonney, M.D.	22b. ADDRESS Stricker Clinic	22c. DATE SIGNED Jan 27, 1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 29 1958	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	23d. LOCATION (City, town, or county) (State) St. James, Missouri
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24. FUNERAL DIRECTOR Gene Paul H. James	25. DATE RECD. BY LOCAL REG. Jan 28-1958	26. REGISTRAR'S SIGNATURE Ruth B. Powell
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Date Filed 8-3-58
County File Number 966
AUG 3 1958 County Health Officer

RECEIVED
FEB
7 1958

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 C. Jesse Gahr

Licensed Embalmer No. 448

P. O. Address St. James

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.