Health, Welfare Public Service

300
1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019363
STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 121

3

1. PLACE OF DEATH
a. COUNTY: St Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Charles — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Missouri River — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St Louis 2239 0 — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 1906 S Broadway — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Chester Middle: Frank Last: Gregory

4. DATE OF DEATH Month Day Year: April 21 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Oct. 21 1925

9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Painting

11. BIRTHPLACE (City and state or country): Arkansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Russell Gregory

14. MOTHER'S MAIDEN NAME: Della Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 2

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT Address: Mrs Betty J Gregory St Louis Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Drowning

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Accident (Juries verditt)
DUE TO (c): 9023 11

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT X **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
Scaffold broke attached to bridge

20c. TIME OF INJURY: 3:30 Hour ~~A.M.~~ p. m. Month, Day, Year: April 21 1958

20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Hgh bridge-

20f. CITY, TOWN, OR LOCATION 13 C: St. Charles **COUNTY:** St. Charles **STATE:** Mo.

21. I attended the deceased from held an inquest on May 6, 1958 and last saw her/him alive on ____
Death occurred at 3:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Maria Murphy Coroner 3 — **22b. ADDRESS:** Wentzville Mo — **22c. DATE SIGNED:** May 6-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **23b. DATE:** 5/ 7/58 — **23c. NAME OF CEMETERY OR CREMATORY:** National Cemetery — **23d. LOCATION** (City, town, or county) (State): St Louis Mo.

24. FUNERAL DIRECTOR ADDRESS: W. Laughlin Funeral Home. 2381 Hampton St Louis — **25. DATE RECD. BY LOCAL REG.:** May 5. 58 — **26. REGISTRAR'S SIGNATURE:** Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 3 1958

JUN 9 1958

OCT 16 1960

Not Embalmed.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur C. Bane

Licensed Embalmer No. 31

P. O. Address St Church

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