

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 8 1960

'59 0 4 6 3 8 1

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3199

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Koch, Mo.		Length of stay in 1b 11 days	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Robert Koch Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 922 South Newstead		
3. NAME OF DECEASED (Type or print) First Effie Middle Gregory Last Gregory			4. DATE OF DEATH Month November Day 30 Year 1959			
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-26-75	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Crawford Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Joe Harmon			13b. MOTHER'S MAIDEN NAME Catherine Mallow		14. NAME OF HUSBAND OR WIFE Albert Gregory - dead	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Records of Robt. Koch Hospital			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Bronchopneumonia						
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease; intertrochanteric fracture of left hip, chronic pyelitis, senile emphysema, healed squamous cell carcinoma of face and hands, malnutrition.					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour 11-3-59 a.m. p.m.	Month, Day, Year 11-3-59	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> home				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY Missouri STATE		
21. I attended the deceased from 11-19-59 to 11-30-59 and last saw her alive on 11-30-59 . Death occurred at 6:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Harold G. Russell			22b. ADDRESS M.D. Robt. Koch Hospital		22c. DATE SIGNED 12-1-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-3-59	23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	23d. LOCATION (City, town, or county) (State) Steelville, Mo.			
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, Inc., 4700 Washington Blvd.			25. DATE RECD. BY LOCAL REG. 12-2-59	26. REGISTRAR'S SIGNATURE James W. Murphy		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OLSON & CO. INC.

WOLFE

None

BRONCHOPNEUMONIA

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 *Edmond P. Sedu*

Licensed Embalmer No. 4079

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.

IS-3-22

Revised