

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003830

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 71

FILED JAN 11 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>13 months</u>	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bernard Nursing Home</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5370 Pershing Ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Poster</u> Middle <u>Whiteside</u> Last <u>GREGG</u>			4. DATE OF DEATH Month <u>January</u> Day <u>3</u> Year <u>1962</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-25-1873</u>	9. AGE (last birthday) <u>88</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City of St. Louis</u>		11. BIRTHPLACE (City and state or country) <u>Chattanooga, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Kennon Jones Gregg</u>		13b. MOTHER'S MAIDEN NAME <u>Eleanor Victoria Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Parker Harris Gregg</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	17. INFORMANT <u>Mrs. Albert W. Wenthe, 21 Briarcliff (24)</u>
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18. CAUSE OF DEATH (Enter only one cause per line for Part I. Death was caused by: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cardiac arrest</u> <u>bronchopneumonia - toxicity</u> DUE TO (b) <u>Bronchopneumonia Toxicity</u> DUE TO (c) <u>URI - Virus</u> <u>1612 T-Virus (proceeded)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ASHD &amp; hemiplegia, left. Sensitivity</u>		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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>491X</u>
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20c. TIME OF INJURY Hour <u>9:25</u> s.m. <u>A.M.</u> Month, Day, Year	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 <u>St. Louis</u> COUNTY STATE
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21. I attended the deceased from <u>Dec 31, 1961</u> to <u>Jan 3, 1962</u> and last saw her/him alive on <u>Jan 7, 1962</u> Death occurred at <u>9:25 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>Joseph F. Trigg</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>7165 Delmar</u> <u>7165 Delmar, 30</u>	22c. DATE SIGNED <u>1/3/62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>1-4-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County</u>
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24. FUNERAL DIRECTOR <u>Alexander &amp; Sons, 6175 Delmar Blvd.</u>	25. DATE RECD. BY LOCAL REG. <u>JAN 3 1962</u>	26. REGISTRAR'S SIGNATURE <u>Loat Smith, M.D.</u>
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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

Dr. Joseph F. Trigg (Will be in office at 3:00 P.M.)  
7165 Delmar Blvd.

PA 5-7744

**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 J. S. E. McCullough

Licensed Embalmer No. 2460

P. O. Address 61758 Ave

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.