REC'D JUN 7 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19587

MAY 31 1938

1. PLACE OF DEATH
County St Louis Corporation Registration District No. 784
Township Vet adm Facility Primary Registration District No. 208
City Jefferson Barracks (No. U.S. VAM Facility St. Ward)

File No.
Registered No. 944

2. FULL NAME Oliver Gregory
(a) Residence, No. Colp. Ill St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Treacy Gregory
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3, 1886
7. AGE 51 YEARS 52 MONTHS 4 DAYS 16 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodstock, Ga.

FATHER
13. NAME Ephraim Gregory
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) C.W. Hughes VAM Facility
18. BURIAL, CREMATION, OR REMOVAL PLACE Herrin Ill DATE May 31, 1938
19. UNDERTAKER (ADDRESS) Gates Undertaking Co 4107 Finney Avenue
20. FILED ..., 19 T.R. Fleger M.D. P.H. Registrar.

MAY 31 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1938
22. I HEREBY CERTIFY, That I attended deceased from Apr 7, 1938, to May 29, 1938
I last saw him alive on May 29, 1938. Death is said to have occurred on the date stated above, at 1:30 p m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach
Date of onset
Other contributory causes of importance: Chronic Myocarditis
Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C.W. Hughes, M. D.
(Address) Vet. adm. Hospital
Jefferson Barracks Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 28 1948

STATEMENT BY LICENSED EMBALMER

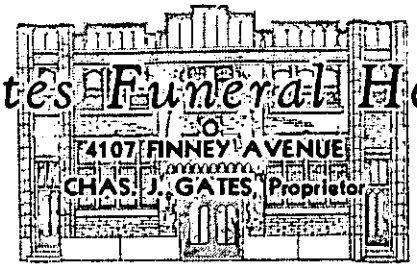
I, James A. Johnson, Licensed Embalmer No. 3522 hereby certify that I embalmed the body recorded on the reverse side of this certificate.

James A. Johnson

4107 Finney Avenue, St. Louis, Missouri.

Licensed Embalmer No. 3522.

NOTARY PUBLIC NEWSTEAD 2000



St. Louis, Mo., May 31, 19 38

M Division of Vital Statistics,

Gentlemen:

Please issue to bearer shipping permit to ship the remains of Oliver Gregory to Herrin, Illinois

The body has been embalmed according to the provisions of the law.

License 1825.

Charles J. Gates
Gates Funeral Home.