

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4351

State File No. _____

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 27

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Old Peoples' Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 yr. 4mo.
Same (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
University City.
(c) City or town _____
(If outside city or town limits, write "RURAL")
6600 Washington Ave.,
(d) Street No. _____
(If rural, give location) C
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Miss Stella Gregg

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 25th. 1849
(Month) (Day) (Year)

8. AGE: Years 91 Months 4 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Warsaw Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Gregg
13. Birthplace Hamilton, Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah D. Lawton
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary E. Craig

(b) Address 6600 Washington Ave.,

17. (a) Burial (b) Date thereof 1-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plymouth, Illinois

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Ave

19. (a) JAN 5 1941 (b) [Signature]
(Date received local registry) (Registrar's signature)

20. DATE OF DEATH: Month January day 4th.
year 1941 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from 1936
_____, 19____, to 1-4-, 1941;
that I last saw him alive on 1-3-, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach ?
Duration _____
Due to _____
Due to 46 lb
Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) D
Address 647 N Grand St Date signed 1-4-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Welford Y Burnley*
Licensed Embalmer No. *4202*

P. O. Address.....

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 this body is not embalmed, above space should be left blank.