

No. 2
-1-4-41
5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20191**
Registrar's No. **5003**

Registration District No. **7911**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-wks.
(Specify whether years, months or days)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 500
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 107
(d) Street No. 4017a Lexington (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1941 hour 12 minute 25 P. M.
21. I hereby certify that I attended the deceased from
May 17 1941 to June 17 1941,
that I last saw her alive on June 17 1941,
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of breast Duration _____

3. (a) PRINT FULL NAME CATHERINE BRIDGETT GREGORY
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced OS.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. Unk. Unk. 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 Unk. Unk. _____ hr. _____ min.

9. Birthplace St. Louis (City, town, or county) (State or foreign country) Mo.

10. Usual occupation At home

11. Industry or business _____

12. Name Phillip Gregory
13. Birthplace Ireland (State or foreign country)
14. Maiden name Catherine Johnson
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Halpin
(b) Address 4017a Lexington Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-1941
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) Jun 18 1941 (Date of verbal report) (b) J. F. Bradley (Registrar's signature)

Due to _____
Due to _____
Other conditions (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 0

23. Signature J. F. Bradley (M. D. or other) _____
Address BARNES HOSPITAL Date signed 6-17-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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

Stanley Marshall

Licensed Embalmer No.

2868

P. O. Address

3845 Hixedell

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, fact should be so stated above.