

No. 2  
1-5-43  
5-17-39  
I X36671

FILED FEB 11 1944  
Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 1116

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 4324 North Market (If rural, give location) 911  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Henry Gregory

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race C 6. (a) Single, widowed, married, divorced MARRIED  
7. Birth date of deceased April 13 1868  
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 19 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

12. Name Thomas Gregory

13. Birthplace Miss (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Eamon Gregory

(b) Address 4324 N. Market St

17. (a) Burial (b) Date thereof Feb. 5 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's

18. (a) Signature of funeral director Thomas Smith

(b) Address 4324 N. Market St

19. (a) EB 1944 (b) J. T. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2  
year 1944 hour 12 minute 35 P.M.

21. I hereby certify that I attended the deceased from January 25, 1944 to February 2, 1944  
that I last saw him in alive on February 2, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....

Of autopsy.....

Duration

Unknown

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 S. E. Smith (M. D. 0)

Address 2601 N Whittier St Date signed 2-4-44

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

MOTHER, FATHER

*Emb separate Cert to be filed*

**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.....

Licensed Embalmer No.....

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, fact should be so stated above.**