S. No. 2
M—2-43
. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25691

State File No. 7312

FILED SEP 1 1945

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

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 660

(c) City or town St. Louis 17 13
(If outside city or town limits, write "RURAL")

(d) Street No. 4931 Magnolia Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ANNA GREGORI

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Angelo Gregori

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

7. Birth date of deceased May 30 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Italy 5
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name ***** Danesi
13. Birthplace Italy 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Anthony Gregori
(b) Address 4931 Magnolia Ave.

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

18. (a) Signature of funeral director Sullivan Funeral Dir.
(b) Address 2849 No. Euclid Ave.

19. (a) AUG 21 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th.
year 1945 hour 2.40 minute P M.

21. I hereby certify that I attended the deceased from JANUARY 1944 to AUGUST 20 1945
that I last saw her alive on AUG 20 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gangrene of leg — One month Post Operative for removal of leg —	6 months
Due to Diabetic Arteriosclerosis	Years
Due to Diabetes Mellitus	Years
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations 61
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Arnold G. Klein (M. D. or other) M.D.
Address 2632 So. Kingshighway St. Louis, Mo. Date signed 8/21/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. ~~Harry~~ Klein LA 7475
~~5074 No. Union~~
~~MU 1030~~ 2632 So Kyshway
1-3 P.M. today - Tues -

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 Robert L. Brinkman

Licensed Embalmer No. 3553

P. O. Address St Louis

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.