

Registration District No.

Primary Registration District No.

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:
Firmin Desloge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Mo.
(Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4308 Blair Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Cyrus N. Gregg

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nathalia Schroeder Gregg 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased June 24th. 1885
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 3 If less than one day hr. min.

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

10. Usual occupation Sleeping Car Conductor

11. Industry or business Pullmann Co.

12. Name Cyrus M. Gregg

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

14. Maiden name Verena Mattman
(City, town, or county) (State or foreign country)

15. Birthplace St. James Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Nathalia Gregg

(b) Address 4308 Blair Ave.

17. (a) Burial (b) Date thereof May 31 1946
(City, town, or county) (Month) (Day) (Year)

(c) Place of burial or cremation St. Peters Cem

18. (a) Signature of funeral director J. J. Brueck

(b) Address 6203 Gravois Ave.

19. (a) MAY 29 1946 (b) J. J. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1946 hour 11 minute 17 M.

21. I hereby certify that I attended the deceased from Feb 1946 to May 27 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Retrosperitoneal abscess Duration 1 month

Due to Ulcers intestinal
Due to Carcinoma of bladder

Other conditions 2 yrs
(Include pregnancy within 3 months of death)

Major findings: Ca. of bladder PHYSICIAN

Of autopsy vi 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) (Specify type of place) (Specify type of place)
(a) (b) (c)

23. Signature J. J. Brueck M.D. or other
Address 6203 Gravois Ave. Date signed 5-29-46

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..... *W. Wilkinson*
Licensed Embalmer No. *3575*

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.