

No. 2  
-8-43  
-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28204

FILED AUG 7 1946

State File No. 0

Registration District No. 3772

Primary Registration District No. 3066

Registrar's No. 1616

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
136 E. Monroe Ave  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery 7

(c) City or town Mineola  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Stanley Gregory

3. (b) If veteran, name war N11

3. (c) Social Security No. None

4. Sex M O 5. Color or race W

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

6. (b) Name of husband or wife Gledys Gregory

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

7. Birth date of deceased Sept 29 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>10</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name George W. Gregory

13. Birthplace Callaway Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann White

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

16. (a) Informant Mrs Gladys Gregory

(b) Address Mineola Mo

17. (a) Burial (b) Date thereof 8-5-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 8-5-46 (b) Wm. L. Laman MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3<sup>rd</sup>  
year 1946 hour 7:20 minute A. M.

21. I hereby certify that I attended the deceased from January 6, 1945, to Aug 3, 1946  
that I last saw him alive on July 31, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Coronary Occlusion 1 1/2 yrs

Due to Diabetes Mellitus 1 1/2 yrs

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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 E. T. Andersen MD (M. D. or other) MD

Address Montgomery City Date signed 8/5/46

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

**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 *Henry M. Brammer*  
Licensed Embalmer No. *4200*

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.**