

National Office of Vital Statistics
FILED OCT 4 1947

Registrar's No. **8893**

Registration District No. **318**

Primary Registration District No. **1003**

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:
Homer G. Phillips 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..... **18 days**..... (Specify whether
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. **3114 Caroline**.....
(If rural, give location)
(e) Citizen of foreign country?..... **No**..... (Yes or No)
If yes, name country..... **None**

3. (a) PRINT FULL NAME..... **Gregory Allen Euell**

3. (b) If veteran, name war..... **None**..... 3. (c) Social Security No. **None**

4. Sex..... **MALE**..... 5. Color or race..... **Colored**.....
6. (a) Single, widowed, married, divorced..... **Single**.....
6. (b) Name of husband or wife..... **None**..... 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased..... **Sept. 4, 1947**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 hr. min.

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

10. Usual occupation..... **None**

11. Industry or business..... **None**

12. Name..... **Joe Euell**
13. Birthplace..... **Bellezone Miss.**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Nancy Humphrey**
15. Birthplace..... **Tibia Miss.**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Joe Euell**
(b) Address..... **3114 Caroline St.**
17. (a) **Burial**..... (b) Date thereof..... **9-24-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Greenwood Cemetery**

18. (a) Signature of funeral director..... **Gregory Nash**
(b) Address..... **3817 Page Blvd.**
SEP 23 1947
19. (a) **SEP 23 1947**..... (b) **J. F. Medsker**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Sept.**..... day..... **23**.....
year..... **1947**..... hour..... **4**..... minute..... **45**..... A. M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Branches pneumonia primary

Due to.....
Due to.....
Other conditions..... (include pregnancy within 3 months of death).....
107

Major findings:
Of operations.....
Of autopsy.....
Underline the cause of 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?..... Means of injury.....
23. Signature..... **Tarvel C. Taylor**.....
Address..... **1300 Clark**..... Date signed..... **9-23-47**

WRITE PLAINLY—USING 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..... *C. J. Nash*

Licensed Embalmer No. *2432*

P. O. Address *3847 Page Blvd*

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.