

FILED AUG 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24815

State File No. 6468

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2 wks.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton		4820	
d. FULL NAME OF HOSPITAL OR INSTITUTION Luthern Hospital				d. STREET ADDRESS (If rural, give location) 8611 Deming			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) G. c. (Last) Gregory			4. DATE OF DEATH (Month) (Day) (Year) July 27, 1950				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 28, 1897	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 8 Days 29	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) foreman		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Ship		11. BIRTHPLACE (State or foreign country) Europe		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jos. Gregory			13b. MOTHER'S MAIDEN NAME Mary Turman		14. NAME OF HUSBAND OR WIFE Marie Gregory		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie Gregory, 8611 Deming			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma of lung with metastasis. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 wks.	
19a. DATE OF OPERATION 7/18/50		19b. MAJOR FINDINGS OF OPERATION Bronchogenic Carcinoma of lung with metastasis.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162X			
22. I hereby certify that I attended the deceased from 6/9 , 19 50 , to 7/27 , 19 50 , that I last saw the deceased alive on 7/27 , 19 50 , and that death occurred at 12:15 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Chas. H. Cason, M.D.				23b. ADDRESS Nat'l Bank Bldg. Grand & Spruce, St. Louis		23c. DATE SIGNED 7/28/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-31-50	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.		24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.		
DATE RECD BY LOCAL REG. JUL 28 1950		REGISTRAR'S SIGNATURE J. B. Basater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Undtk. Co. 7420 Michigan			

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

Good & True
1-3

1 Caf

X O N C O O M
3606

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 _____
Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed VE Morris
Licensed Embalmer, No. 3360

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.