

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45323

FILED JAN 19 1954

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State File No. 12298
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY <i>0</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MISSOURI</i> b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS,</i>			<i>2259</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>ST. LOUIS CITY HOSPITAL</i>				d. STREET ADDRESS (If rural, give location) <i>25 5 NORTH NINTH ST.</i>						
3. NAME OF DECEASED (Type or Print) a. (First) <i>PAUL</i>		b. (Middle) <i>M.</i>		c. (Last) <i>GREGORY.</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>DEC 29 1953</i>				
5. SEX <i>0</i> <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>NEVER MARRIED</i>		8. DATE OF BIRTH <i>JAN 2, 1895</i>		9. AGE (In years last birthday) <i>58.</i>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>PAINTER</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>CONSTRUCTION INDUSTRY</i>			11. BIRTHPLACE (State or foreign country) <i>ST. LOUIS, MO.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13a. FATHER'S NAME <i>HENRY E. GREGORY</i>			13b. MOTHER'S MAIDEN NAME <i>CATHERINE McALEVEY</i>			14. NAME OF HUSBAND OR WIFE <i>-</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>YES</i>		16. SOCIAL SECURITY NO. (If you give year or dates of service) <i>N.W.I.</i>		17. INFORMANT'S SIGNATURE OR NAME <i>CHARLES F. GREGORY</i>		ADDRESS <i>7264 MANCHESTER</i>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Fracture of skull, Subdural</i>	ANTECEDENT CAUSES <i>New arrhage, suffered when he fell in front of about 945 South Ninth Street</i>									
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death related to the disease or condition causing death. <i>December 28, 1953</i>									
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>about 945 South Ninth Street Accident</i>							20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. PLACE OF INJURY (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <i>Street</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis MO MO</i>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Dec 28 53 9:45</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>E9035</i>						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>200 P.M.</i> , from the causes and on the date stated above. <i>44</i>										
23a. SIGNATURE (Degree or title) <i>Patrick C. Taylor</i>				23b. ADDRESS <i>1300 Clark</i>			23c. DATE SIGNED <i>12.29.53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>DEC 31, 1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>NATIONAL CEMETERY</i>			24d. LOCATION (City, town, or county) (State) <i>St. Louis County MO.</i>				
DATE REC'D BY LOCAL REG. <i>DEC 29 1953</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>M. J. O'Grady 7146 MANCHESTER AV. - ST. LOUIS, MO</i>					

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

APR 21 1953

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 *J. Allen Davis Jr.* _____

Licensed Embalmer No. *4053* _____

P. O. Address *St. Louis Mo.* _____

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.