

FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13487**
Registrar's No. **3775**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Missouri-Baptist Hosp.** e. STREET ADDRESS (If rural, give location) **1625 Semple** 2069

3. NAME OF DECEASED (Type or Print) a. (First) **Anna** b. (Middle) **M.** c. (Last) **Gregory** 4. DATE OF DEATH (Month) (Day) (Year) **April 26, 1954**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **March 3, 1872** 9. AGE (In years last birthday) **82** IF UNDER 1 YEAR Months **1** Days **14** IF UNDER 24 HRS. Hours **14** Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At home** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Kansas** 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Stephen Pryor** 13b. MOTHER'S MAIDEN NAME **Anna Woodard** 14. NAME OF HUSBAND OR WIFE **Ralph Gregory**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Mark Gregory** ADDRESS **1625 Semple**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral thrombosis**
ANTECEDENT CAUSES DUE TO (b) **Generalized arteriosclerosis**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 **1 month**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) **332 X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Jan 1953**, 19____, to **4/26/54**, 19____, that I last saw the deceased alive on **4/25/54**, 19____, and that death occurred at **6:15a** m., from the causes and on the date stated above.

23a. SIGNATURE **Emmet T. Rowe MD** (Degree or title) 23b. ADDRESS **3720 Washington** 23c. DATE SIGNED **4/26/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **4/28/54** 24c. NAME OF CEMETERY OR CREMATORY **Oak Grove Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

DATE REC'D BY LOCAL REG. **APR 27 1954** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Chas. F. Stuart** ADDRESS **1225 Union Bl.**

WRITE PLAINLY—USING 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, Student Embalmer No. working under my personal supervision..

Student

Signature of Student Embalmer

Signed *Melvin J. Knapton*

Licensed Embalmer No. *425*

P. O. Address *350 E. Oak St. Lansing 20*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.