

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20547

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4832

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|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY OR TOWN <u>St. Louis</u> | | c. CITY OR TOWN <u>Glencoe</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Alexian Brothers Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>Rural</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Brother Leononian</u> b. (Middle) _____ c. (Last) <u>Gregory F.S.C.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 31, 1954</u> | |
| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S.</u> | 8. DATE OF BIRTH <u>Feb. 5, 1880</u> |
| 9. AGE (In years last birthday) <u>74</u> | | IF UNDER 1 YEAR Months <u>3</u> Days <u>20</u> | IF UNDER 2 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago, Ill.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>Sharkey Spring</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Dorothy Unknown</u> | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Brother Adrian, Glencoe, Mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Liver</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> | |
| ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | 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. | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <u>5810</u> | |
| 22. I hereby certify that I attended the deceased from <u>Apr 1, 1954</u> to <u>May 31, 1954</u> that I last saw the deceased alive on <u>May 29, 1954</u> , and that death occurred at <u>6:05 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. Walter M. O</u> | | 23b. ADDRESS <u>5600 Compston</u> | 23c. DATE SIGNED <u>6/1/54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 3, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>LaSalle Institute Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Glencoe, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>JUN 1 1954</u> | REGISTRAR'S SIGNATURE <u>Carl Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelley</u> ADDRESS <u>10 Lindell Blvd.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by *[Signature]*....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *[Signature]*.....

Licensed Embalmer No. *439*.....

P. O. Address *[Signature]*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F

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.