

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038490
STATE FILE NUMBER

8
OCT 27 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2725

5. 300
1-57

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN XXXXXX Normandy		c. CITY OR TOWN XXXXXX St. Johns 4211	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic 1/2 hr.		d. STREET (If outside, give location) ADDRESS 3216 Marshall	
3. NAME OF DECEASED (Type or print) First Middle Last OLIVE BLANCHE GREGG		4. DATE OF DEATH Month Day Year Oct 22 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT 19 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Audrain County Mo
12. CITIZEN OF WHAT COUNTRY U. S. A.		13. FATHER'S NAME Robert Henry James Not known	
13b. MOTHER'S MAIDEN NAME Not known		14. NAME OF HUSBAND OR WIFE James K. dec'd	
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. None	
17. INFORMANT J. D. Gregg		Address 3316 Marshall Ave	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Medullary failure DUE TO (c) Acute Heart failure			INTERVAL BETWEEN ONSET AND DEATH Several minutes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 10-11-58 to 10-22-58 and last saw her/him alive on 10-22-58 Death occurred at 2:40 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ernest August W.O.		22b. ADDRESS 3202 Ashley Rd. St. Louis	
22c. DATE SIGNED 10/22/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-24-1958	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
23d. LOCATION (City, town, or county) Normandy, Missouri		(State)	
24. FUNERAL DIRECTOR Baumann Bros. Inc. Overland, Mo.		25. DATE RECD. BY LOCAL REG. 10-23-58	26. REGISTRAR'S SIGNATURE Herbert R. Dombke M.D.

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 *David C. Gibson*

Licensed Embalmer No. *3454*

P. O. Address *Overland*

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.