

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036202
STATE FILE NUMBER

318 1003
Registration District No. Primary Registration District No.

8620
Registrar's No.

DO NOT WRITE ON THIS STUB

AMENDED

102-21-1 SEP 17 1962

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Madison

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 1 1/2 days

c. CITY OR TOWN Madison Inside Limits Yes No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 1507 Market Street Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last Ethel Gregg

4. DATE OF DEATH Month Day Year September 5 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 1/12/1901 9. AGE (last birthday) 61

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) Charleston, West Virginia 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Loth Lovejoy 13b. MOTHER'S MAIDEN NAME Celia Kidd 14. NAME OF HUSBAND OR WIFE Ray D. Gregg

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 Ray D. Gregg Address 1507 Market St. Madison, Illinois

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Infarction
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) 4200
INTERVAL BETWEEN ONSET AND DEATH 1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE

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

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 Sept. 4, 1962 to Sept. 5, 1962 and last saw her alive on Sept. 5, 1962
Death occurred at 11:45 A.M. 9/5/62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Benie Boonshaft, M.D. 22b. ADDRESS Jewish Hospital St. Louis 22c. DATE SIGNED 9/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 9-5-1962 23c. NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery 23d. LOCATION (City, town, or county) Charleston, West Virginia (State)

24. FUNERAL DIRECTOR Francis J. Schuy Address 501 Madison Madison, Ill. 25. DATE RECD. BY LOCAL REG. SEP 6 1962 26. REGISTRAR'S SIGNATURE Road Smith, M.D.

VS. 300 Rev. 4/59

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28/202

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DEC 11 1962

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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 Francis J. Lehey

Licensed Embalmer No. 2792

P. O. Address 501 Madison Avenue, Madison, Ill.

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.