MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14739

1. PLACE OF DEATH

County ..... Registration District No. 7805

Township ..... Primary Registration District No. [illegible]

City St Louis (No. 5887, Easton Ave. St. ..... Ward)

File No. .....

Registered No. 4137

2. FULL NAME Joe E. Wray.

(a) Residence No. 5887 Easton Av. St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hattie Wray.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 14, 1880

7. AGE: Years 51 | Months 6 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 32.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Montgomery City Missouri

FATHER

13. NAME: W. S. Wray.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Missouri

MOTHER

15. MAIDEN NAME: Elizabeth Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Missouri

17. INFORMANT (ADDRESS): Mrs Hattie Wray. 5887 Easton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE April 28, 1932

19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc. 5966-68 Easton Ave.

20. FILED [illegible] 28 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/14, 1932 to 4/26, 1932
I last saw him alive on 4/22, 1932 Death is said to have occurred on the date stated above, at 12:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
93A	-13- days

Other contributory causes of importance:

✓ ① 93A

Name of operation ..... Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Dr Joseph Schafer M. D.
(Address) 90 University Club St Louis Mo

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.