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

Do not use this space.

18356

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 4609

City St. Louis (No. City Hospital #1 St. ..... Ward)

**2. FULL NAME** Eugene H. Gray

(a) Residence, No. 1016 N 18th St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie O. Gray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-15-1894

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs., or ..... min. |
|---|---|---|---|---|
| | 39 | 1 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. OPERATOR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. TELEGRAPH

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) ILL.

FATHER

13. NAME Robert Gray 8

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA

MOTHER

15. MAIDEN NAME Nee Clara Gray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL.

17. INFORMANT (ADDRESS) Mattie Odell Gray Knoxville Tenn.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem DATE 5/25/33

19. UNDERTAKER (ADDRESS) Guy Mullen 4259 Lindell

20. FILED MAY 25 1933 J. F. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

No physician attended

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 169, 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:45 P.m.

The principal cause of death and related causes of importance were as follows:

Gunshot wound, right side of head self inflicted at 1842½ O'Fallon

Suicide

Date of onset

Other contributory causes of importance:

167

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 5/22, 1933

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Suicide

Nature of injury Gun shot wound of head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Harold [illegible]

(Address) Deputy Coroner