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.

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

Do not use this space.

JUN 12 1937

791
1003

18386

4962

1. PLACE OF DEATH

County ..... Registration District No. 1003 ..... File No. 18386

Township ..... Primary Registration District No. ..... Registered No. 4962

City St. Louis (No. Missouri Baptist Hospital. St. ..... Ward)

2. FULL NAME Lucy A. Gray.

(a) Residence, No. 1215 Amherst Place. St., 5 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF John H. Gray.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 10, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	79	8	5	

135
599
2
31
31

OCCUPATION

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

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

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) Trenton, Illinois.

FATHER

13. NAME Dont know.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know.

MOTHER

15. MAIDEN NAME Dont know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know.

17. INFORMANT Mrs J. D. Small
(ADDRESS) 1215 Amherst Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE Trenton Ill DATE May 18, 1937

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

20. FILED May 17, 1937 J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1937, to May 15, 1937

I last saw her alive on May 15, 1937 Death is said to have occurred on the date stated above, at 3:15 p. m.

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

	Date of onset
Cerebral Hemorrhage	5/5/37
Other contributory causes of importance: Arteriosclerosis Senility	4/18/37

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) J. H. Dawson, M. D.

(Address) 1492 Hordiamont