REC'D AUG 12 1938

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

3 791

23953
Do not use this space.

1. PLACE OF DEATH
(a) County 1 Registration District No. 1003
(b) Township Primary Registration District No. Registered No. 6647
(c) City St. Louis, Mo. (d) Street No. 4685 Natural Bridge St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Horace Ray 000
(a) Residence, No. 2137a St. Louis, Ave. St. 20
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Grace Ray
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1880
7. AGE YEARS 57 ~~58~~ MONTHS 6 DAYS 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) July 25, 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur, Ill. 1

FATHER
13. NAME Charles W. Ray 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 1

MOTHER
15. MAIDEN NAME Sarah Lambert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Grace Ray (wife) 2137a St. Louis Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Decatur, Ill. DATE 7-29 1938
19. FUNERAL DIRECTOR (ADDRESS) St. Louis Funeral Home 2205 St. Louis Ave.
20. FILED AUG 23 1938 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH
NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/25/38, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Sclerosis
Heat Exhaustion
Heat stroke

Other contributory causes of importance:

191

Name of operation ..... Date of .....
What test confirmed diagnosis? No Was there an autopsy? yes

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? .....
If so, specify .....
(Signed) Alfred J Perry M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

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.)