

REC'D FEB 10 1939

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

791
1003

118

Do not use this space.

118

Registered No.

1. PLACE OF DEATH

- (a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis, Mo. (d) Street No. City Infirmary. 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 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- John Gray,
(a) Residence, No. 5800 Arsenal St. St. 13 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 27, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 2 24 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor.
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.13. NAME Tennyson Gray,14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.15. MAIDEN NAME Hanna Leckesley,16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.17. INFORMANT (ADDRESS) E. Molony,
5800 Arsenal St.18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis U. DATE 12-13 19. 819. FUNERAL DIRECTOR (ADDRESS) W Richter
3500 Rutger St20. FILED JAN 4 1939 J. B. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 6, 193822. I HEREBY CERTIFY, That I attended deceased from February 24, 1938 to December 6, 1938I last saw him alive on December 6, 1938 Death is said to have occurred on the date stated above, at 2:15 m. P.M.

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

Chronic Myocarditis

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis? post m. p. e. Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19Where 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) George M. Pike, M. D.(Address) 5800 Arsenal St.

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.

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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.....

Licensed Embalmer No.....

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.)