LEG'D APR 12 1939

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

791

8416
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 2181

(c) City St Louis Mo. (d) Street No. St Lukes Hosp. 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 600 Robt. William Bray

(a) Residence, No. 4309 Maryland St. 19
(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) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27-39

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) St Louis Mo. O

FATHER
13. NAME Edward Bray O
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milan Mo. O

MOTHER
15. MAIDEN NAME Margaret Rigus
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Baden Mo.

17. INFORMANT (ADDRESS) Edward Bray 4309 Maryland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Ill DATE March 1, 1939

19. FUNERAL DIRECTOR (ADDRESS) Albert H Kopp 4700 Washington

20. FILED MAR 7 1939, 19 J. F. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1939, to March 6, 1939
I last saw her alive on March 6, 1939. Death is said to have occurred on the date stated above, at 7 55 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchi Pneumonia March 3-39

107 W

Other contributory causes of importance: Septicaemia due to hydronephrosis Congenital. March 2-39

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 (DROWN)
(Signed) W. J. Brown, M. D.
(Address) 3903 Clem

(Licensed Embalmer's Statement on Reverse Side)

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 J. G. Sullivan

Licensed Embalmer No. 1122

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.)