DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31143

REC'D OCT 14 1939 791

Registration District No. 1003

Primary Registration District No.

Registrar's No. 8206

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouris (b) County

(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 5398 Pershing Ave.,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Walter E. Grayson 125

3. (b) If veteran, name war

3. (c) Social Security No. 489-07-1485

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian Grayson

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June (Month) 25 (Day) 1875 (Year)

8. AGE: Years 64 Months 2 Days 28 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Pres. Lumber Co.

11. Industry or business Lumber

FATHER
12. Name Wm. Grayson
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Josephine Hardy
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Lillian Grayson
(b) Address 5398 Pershing Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-39 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd

SEP 25 1939 (Date received local registrar) (b) J. F. Budrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 23 year 39 hour 12 minute 17 P M.

21. I hereby certify that I attended the deceased from 9-22, 1939, to 9-23, 1939; that I last saw him alive on 9-23, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Squamous cell carcinoma of tongue with metastases.	5 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Squamous cell carcinoma of tongue and cervical lymph nodes
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Emmett B Drescher (M. D. or other) M.D.
Address BARNES HOSPITAL Date signed 9-23-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Jos. E. McCullah

Licensed Embalmer No. 2460

P. O. Address 6168 Elmar

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.)

If this body is not embalmed, above space should be left blank.