6 1939 OCT 16 1939

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

33531
Do not use this space.

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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1. PLACE OF DEATH
(a) County ~~Richmond Heights~~ St. Louis 2 Registration District No. 784
(b) Township ~~Jefferson~~ 1 Primary Registration District No. 111 Registered No. 1581
or
(c) City Richmond Heights (d) Street No. 1624 Lincoln Street 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 Clara Gray 600
(a) Residence, No. 1624 Lincoln St.
(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: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-6-1900

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
38	10	28	

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. House wife
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) Sumter S. Carolina

FATHER
13. NAME Wm. Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumter S. Carolina

MOTHER
15. MAIDEN NAME Emma Vaughn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumter S. Carolina

17. INFORMANT (ADDRESS) William Gray 1624 Lincoln St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 9-9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mary Wade 420 S. Finney Ave.

20. FILED SEP 6 1939, 19 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4, 1939 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 6.30 PM AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
94	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis history 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) John O'Connell, M. D.
(Address) Coroner of St. Louis County, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 S. J. Watson

Licensed Embalmer No. 269 [illegible]

P. O. Address 2769 Chou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

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