. S. No. 2
—11-10-39
v. 5-17-39
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FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8683

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2166

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: Homer G Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo 7 das (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 5389 Pershing
(If rural, give location)

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

3. (a) PRINT FULL NAME Edward Gray

3. (b) If veteran, name war Unk

3. (c) Social Security No. Unk

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Unk

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

7. Birth date of deceased May 15, 1888 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
51	8	22	hr. min.

9. Birthplace _____ (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Nil

11. Industry or business Nil

FATHER
12. Name Edward Gray
13. Birthplace _____ (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Ellen Pendleton
15. Birthplace _____ (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Florence A Spotts
(b) Address 2601 N Whittier

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof 2-14-40 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Ridge

19. (a) MAR 4 1940 (Date received local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7 year 1940 hour 2:40 minute P. M.

21. I hereby certify that I attended the deceased from January 1, 1940 to February 7, 1940; that I last saw him alive on February 7, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	2-3yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 H. J. Lyman (M. D. or other)
Address 2601 N Whittier Date signed 2/14/40

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.