

MAY 15 1940

791

Primary Registration District No. 1003

Registrar's No. 3137

1. PLACE OF DEATH:

(a) County St. Louis.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Infirmary.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution October 15, 1938  
37 years (Specify whether years, months or days)  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5800 Arsenal St., / 3  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. American. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3,  
year 1940. hour 8:15 minute \_\_\_\_\_ P.M.  
21. I hereby certify that I attended the deceased from October  
15, 1940, to April 3, 1940,  
that I last saw him alive on April 3, 1940,  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME John W. Gray.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mary Kinney. GRAY 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 26 1863  
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Morrison, Ills.  
(City, town, or county) (State or foreign country)

10. Usual occupation Interior Decorator.

11. Industry or business X

12. Name Oliver Gray

13. Birthplace Unknown.  
(City, town, or county) (State or foreign country)

14. Maiden name Sara Jane Young.

15. Birthplace Unknown.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature O. Milroy  
(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date (thereof) April 5, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1225 Union Blvd.

19. (a) APR 4 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's Signature)

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to degenerative heart disease,

Due to hypertension of leg.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None.

Of autopsy None.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature James P. Milroy (M. D. or other) \_\_\_\_\_

Address 5600 Arsenal St. Date signed 4-4-40

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.

STATE OF MISSISSIPPI

EMBALMER

**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 Guy W. Wilkinson

Licensed Embalmer No. 3575

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.**