

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29731**
Registrar's No. **1494**

Registration District No. **784**

Primary Registration District No. **200**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Jeff. Bks.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Veterans Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **July 29 to Aug 4 1940**
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **CLEMON H. GRAY**

3. (b) If veteran, name war **World War** 3. (c) Social Security No. **None**

4. Sex **male** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Separated**

6. (b) Name of husband or wife **Charlotte** (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **April 4 1894**
(Month) (Day) (Year)

8. AGE: Years **46** Months **9** Days **0** If less than one day hr. min.

9. Birthplace **Kirkwood, Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Janitor**

11. Industry or business

12. Name **Jalm Gray**

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

14. Maiden name **Berta Wallace**

15. Birthplace **St. Louis, Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **G. J. E. P. P.**

(b) Address **V.A.F. Jefferson Bks. Mo.**

17. (a) **Burial** (b) Date thereof **8-7-40**
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's Jefferson Bks. Mo.**

18. (a) Signature of funeral director **Ellis Lundy Home**

(b) Address **2828 St. Charles and St. Louis**

19. (a) **AUG 6 - 1940** (b) **M.R. Myles**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3133 Evans Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **4**
year **1940** hour **1:20** minute **A.** M.

21. I hereby certify that I attended the deceased from **July 29**
1940, to **Aug. 4** 1940,
that I last saw him alive on **Aug 3** 1940
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary arteriosclerosis and hypertensive heart disease with cardiac enlargement myocardial damage and anginal syndrome** -Duration

Due to _____

Due to _____

Other conditions **Nephritis Chronic with nitrogen retention**
(Include pregnancy within 6 months of death)

Major findings: _____
Of operations _____

Of autopsy **131**

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 **C.W. Hughes** Per **PH**
Address **V.A.F. Jefferson Bks. Mo.** Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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 Lommie Boyler
Licensed Embalmer No. 29

P. O. Address St Louis

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.