

No. 2  
1-10-39  
17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

30339  
State File No. 7616

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Hamer Phillips  
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME Evelyn Gray  
3. (b) If veteran, name war No  
8. (c) Social Security No. none

4. Sex Female  
5. Color or race Colored  
6. (a) Single, widowed, married, divorced baby  
6. (b) Name of husband or wife none  
6. (c) Age of husband or wife if alive No years  
7. Birth date of deceased 12 5 39 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
9 4 hr. min.

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

10. Usual occupation baby

11. Industry or business none

12. Name Mathis Gray

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

14. Maiden name Daisy Turner

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

16. (a) Informant Mathis Gray

(b) Address 3114 Caroline St

17. (a) Buried (b) Date thereof 9-12-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Mathis Gray

(b) Address 4222 Franklin Ave

19. (a) SEP 11 1940 (b) J. F. Medlock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County  
(c) City or town St. Louis  
(d) Street No. 3114 Caroline  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 9th year 1940 hour 7:20 minute P. M.  
21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

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  
Signature Joseph M. [unclear] (M. D. or other)  
Address Deputy Coroner Date signed

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

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.**