

STANDARD CERTIFICATE OF DEATH

DEC 11 1940 791

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town _____
(c) Name of hospital or institution: 3965 Sullivan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life years, months or day(s)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 3965 Sullivan
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Benedict GRAY

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

4. Sex Male 5. Color of hair White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary E. Gray 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Sept 23 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 16 If less than one day _____ min.

9. Birthplace Chicago Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Artist

11. Industry or business _____

MOTHER FATHER { 12. Name Augusta Gray
13. Birthplace Chicago
14. Maiden name Juliana Bologna
15. Birthplace Chicago Ill

16. (a) Informant Mary E. Gray
(b) Address 3965 Sullivan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/1/40
(c) Place: burial or cremation at home

18. (a) Signature of funeral director [Signature]

(b) NOV 10 1940

19. (a) _____ (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8 year 1940 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from 8-3-40 19____ to 11-8-40 19____ that I last saw him alive on 11-3-40 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Carcinoma of Pancreas
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? [Signature] (Specify type of place) _____ Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 607 N. Grand Date signed 11-7-40

Duration ?
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Dr. J. P. Han
W. H. Williams
2-3 p.m.

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 *Robert Mayfield*
Licensed Embalmer No. *13077*
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.