

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

37257

Registration District No. 791Primary Registration District No. 1003

Registrar's No.

9530

1. PLACE OF DEATH:

(a) County St Louis
 (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 Phillips
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 22 days
 (Specify whether) 22 years
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Minnie Gray3. (b) If veteran,
name war _____3. (c) Social Security
No. unk4. Sex Female
5. Color or race Neuge6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife Henry Gray6. (c) Age of husband or wife if
alive 65 years7. Birth date of deceased June 10 1886
(Month) (Day) (Year)8. AGE: Years 54 Months 5 Days 5
If less than one day _____ hr. _____ min.9. Birthplace Carrollton Miss.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Willis M. Caskel13. Birthplace Miss.
(City, town, or county) (State or foreign country)14. Maiden name unk
15. Birthplace Miss.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Henry Gray(b) Address 3219 Laclede17. (a) Burial (b) Date thereof 11-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Carrollton Miss.18. (a) Signature of funeral director Atkins Bros. Inc.(b) Address 3644 Finney ave.19. (a) NOV 20 1940 (b) J. P. ...
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St Louis 21
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3219 Laclede
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
 year 1940 hour 9:25 minute _____ P.M.

21. I hereby certify that I attended the deceased from
October 25, 1940, to November 15, 1940,
 that I last saw her alive on November 15, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death Neurosyphilis Duration Indef

Due to _____

Due to _____

Other conditions Probable Brain Tumor
 (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? Yes (Specify type of place) _____
 (e) Means of injury _____

23. Signature H. J. Ewren (M. D. or other) _____Address 2620 Whittier Date signed _____

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.

FILED DEC 11 1940

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.....

Louis V. Atkins

Licensed Embalmer No. *2842*

P. O. Address *3644 Fine*

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.