. No. 2
-4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37394

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 9667

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3243 S. Spring Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3243 S. Spring
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Winifred Gray

3. (b) If veteran, name war ----

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Edward Gray

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased April 17, 1863 (Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 6 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

MOTHER FATHER

12. Name James Tierney

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

14. Maiden name Bridget Coleman

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

16. (a) Informant Walter Gray

(b) Address 3243 S. Spring

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wachar-Telderle

(b) Address 2331 S. Broadway

19. (a) NOV 25 1940 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23 year 1940 hour 4 minute p.m.

21. I hereby certify that I attended the deceased from 11-21-40, 1940, to Nov. 23, 1940; that I last saw h. alive on Nov. 23, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	3 days
Due to Hypertension	2
Due to	
Other conditions Hypertensive heart disease (Include pregnancy within 3 months of death)	2

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. M. Charles (M. D. or other) MD

Address 632 Metropolitan Bldg. Date signed 11-25-40

(Licensed Embalmer's Statement on Reverse Side)

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 C Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo.

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, fact should be so stated above.