No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4961

Registration District No. 791 I

Primary Registration District No. 1003

Registrar's No. 1209

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

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: 6158 Waterman Ave. /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 5
(If outside city or town limits, write "RURAL")

(d) Street No. 6158 Waterman Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Luelvye Gray

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Charles N.

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Sept. (Month) 28 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
55	4	7	hr. min.

9. Birthplace Marshall (City, town, or county) Texas / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John J. Roberts
13. Birthplace Dalton (City, town, or county) Georgia / (State or foreign country)

MOTHER
14. Maiden name Victoria Webster
15. Birthplace (City, town, or county) / Mississippi (State or foreign country)

16. (a) Informant Chas. N. Gray
(b) Address 6158 Waterman Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/6/41 (Month) (Day) (Year)
(c) Place: burial or cremation Dallas, Texas

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) FEB 5 1941 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5
year 1941 hour 4 minute 30 a.m.

21. I hereby certify that I attended the deceased from July 29, 1940, to Feb. 5, 1941
that I last saw h. U alive on Feb. 4th, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of both breasts	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

50

Major findings:
Of operations: O.A. of breasts & lymphatic glands of axilla and cervical region
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 [signature] (M. D. or other)
Address 2435 N. Grand Date signed 2/5/41

(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.....

Licensed Embalmer No.....1861.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.