

State File No.

Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: Homer G. Phillips Hospital

(d) Length of stay: In hospital or institution 3 months-1 day

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis

(d) Street No. 2624 Wash St.

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

3. (a) PRINT FULL NAME Leroy Gray

(b) If veteran, name war Mil

(c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26, year 1941 hour 12:52 minute P. M.

4. Sex Male 5. Color or race Col

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

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

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Jan. 7, 1900

21. I hereby certify that I attended the deceased from January 25, 1941 to March 26, 1941 that I last saw him alive on March 26, 1941 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>2</u>	<u>19</u>	hr. _____ min.

Immediate cause of death Carcinoma of Colon with metastasis to lung, regional lymph nodes, etc.

9. Birthplace Hopkinsville Kentucky

10. Usual occupation Mechanist

Due to _____

Due to _____

11. Industry or business _____

12. Name Will Gray

13. Birthplace Evansville Indiana

14. Maiden name Mary Gray

15. Birthplace Merndon Kentucky

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

16. (a) Informant Mary Dukes

(b) Address 2624a Wash St.

17. (a) Burial (b) Date thereof 3/31/41

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

(c) Place: burial or cremation Washington Park

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

(b) Address 3517 Seale Ave

19. (a) MAR 28 1941 (b) [Signature]

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? _____

(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 0

23. Signature E. A. McQuinn (Registrar's name or other)

Address 2601 N. Whittier St. Date signed 3-27-41

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.....

P. M. Green

Licensed Embalmer No. *1173*

P. O. Address *3517 S. Leland St.*

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.