. No. 2
-11-10-39
5-17-39
1 X21492

01
079

8 8 497-09-6979

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 23420

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5772

**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: ALEXIAN BROS HOSP. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hours (Specify whether

In this community 0 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County St Louis 096 0 0

(c) City or town GLENCO (If outside city or town limits, write "RURAL")

(d) Street No. CATLIN AVE (If rural, give location) NR

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME ELMAR GRAYSON

3. (b) If veteran, name war X

3. (c) Social Security No. ?

4. Sex MALE 0

5. Color or race WHITE 2

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ WIDOWED

6. (b) Name of husband or wife ? Unknown

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

7. Birth date of deceased SEPT (Month) 8 (Day) 1894 (Year)

8. AGE: Years 46 Months 10 Days 5 If less than one day hr. min.

9. Birthplace ~~PEH~~ PEHELPS (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation LABORER

11. Industry or business PORTLAND CEMENT CO

FATHER
12. Name JOHN GRAYSON
13. Birthplace PEHELPS (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name MATHILDA WILSON
15. Birthplace PEHELPS (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant EDWARD GRAYSON

(b) Address GLENCOE MO

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof July (Month) 15 (Day) 41 (Year)

(c) Place: burial ~~or cremation~~ St James

18. (a) Signature of funeral director Schrader F. Home

(b) Address BALLWIN MO

19. (a) JUL 14 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 7 day 13 year 1941 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Haemorrhage of the brain, Internal Haemorrhage of left lung and a crushed chest, when the car in which he was riding and driven by one Allen M rgan, collided with a car driven by Orval Sigler at Tesson Ferry Road and Highway #77, about 11:00 o'clock P.M. July 12th, 1941. ACCIDENT.

Due to

Due to

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 11 C 6 Of autopsy 22 210

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) ACCIDENT MO

(b) Date of occurrence July 12, 1941.

(c) Where did injury occur? Highway #77 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F Callanan (M. D. or other) 2

Address Deputy Coroner Date signed 7/14/41

(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. 3880

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**