

FILED AUG 28 1941 791

Registration District No.

Primary Registration District No.

Registrar's No.

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Days
In this community 36 Yrs (Specify whether years, months or days)

8. (a) PRINT FULL NAME Ben Ray

3. (b) If veteran, name war World War 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Edna 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased April 29, 1892
(Month) (Day) (Year)

8. AGE: Years 49 Months 2 Days 13 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Fannie Ray
15. Birthplace Troy Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wiggins Green
(b) Address 4215 Cozens

17. (a) Burial (b) Date thereof 7 - 15 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director F. A. Green

(b) Address 2915 Franklin Avenue

19. (a) JUL 15 1941 (b) J. W. ...
(Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4215 Cozens
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1941 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from June 25 1941 to July 12, 1941
that I last saw him alive on July 12, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 18 Mos.

Due to _____
Due to _____
Other conditions _____
(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? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. E. A. Ford (M. D. or other) 0
Address 2601 N. Whittier Date signed 7/14/41

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

00
17
9

00
13
11

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 J. A. Green

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin

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.