

FILED APR 17 1942

791

Primary Registration District No. 1003

Registrar's No. 3098

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 23 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21 000
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL") 17
(d) Street No. 2226 Cole
(If rural, give location) 7
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sam Gray

3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-03-5927

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Adiener Gray 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased May 1st 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Pulaski Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Coder

11. Industry or business _____

MOTHER FATHER { 12. Name Umpton Gray 9
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Adiener Gray
(b) Address 2226 Cole St

17. (a) Remove (b) Date thereof 4-9-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Covington Tenn. Ellis Funeral Home

18. (a) Signature of funeral director _____
(b) Address 2820 Stoddard St.

19. (a) APR 7 1942 (b) J. F. Berdeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4, year 1942 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 29, 1942 to April 4, 1942 that I last saw him alive on April 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease

Duration Unknown

Due to _____

Due to _____

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

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. J. Egan (M. Draw other) _____
Address 2601 Whittier Date signed 4/16/42

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

20
17
9

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 L. Boyer
....., Registered Apprentice No. 7117
working under my personal supervision.

Signed

L. Boyer

Licensed Embalmer No.

2946

P. O. Address

St. Louis 710

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.