S. No. 2
M—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31315

Registration District No. 184 Primary Registration District No. 115 Registrar's No. 1896

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7245 S tanford Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County S t. L ouis

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

(d) Street No. 7245 Stanford, Avenue
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

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3. (a) PRINT FULL NAME LOIS HARRIS GRAY

3. (b) If veteran, name war —

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles M. Gray

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased 9 (Month) 30 (Day) 1900 (Year)

8. AGE: Years 41 Months 11 Days 9 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John T. Harris
13. Birthplace Unknown (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Eulalie Crumpecker
15. Birthplace Roanak (City, town, or county) Va. (State or foreign country)

16. (a) Informant Mr. Charles M. Gray
(b) Address 7245 Stanford Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9—9—1942 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Alexander T Sons
(b) Address 6175 Delmar Blvd.

19. (a) SEP 11 1942 (Date received local registrar) (b) E. G. McGavron M.D. (Registrar's signature) JC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9th year 1942 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from February, 1942, to Sept 9th, 1942; that I last saw her alive on Sept 9th, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis General	8 mo.
Due to Carcinoma of Sigmoid flexure	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of Sigmoid, Liver, Lungs & Abd. Cavity
Of autopsy None.

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 Paul Kingsley Webb (M. D. or other) M.D.
Address Chemical Bldg. Date signed Sept 9, '42

(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1945

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 Thomas K. Lemurch

Licensed Embalmer No. 3793

P. O. Address St. Louis Mo.

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.