V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38774
State File No. 10176

FILED DEC 15 1942 818
Registration District No. 1003
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: Barnard Free Skin & Cancer
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 998
(a) State Illinois (b) County St. Clair
(c) City or town Belleville (If outside city or town limits, write "RURAL") NR
(d) Street No. 310 No Illinois (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Emma Keil Gray
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) ~~Single, widowed, married~~ divorced 3
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 23 (Day) 1886 (Year)
8. AGE: Years 56 Months 3 Days 11 If less than one day hr. min.
9. Birthplace Belleville (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Registered Nurse
11. Industry or business Barnard Free Skin + Cancer
MOTHER FATHER
12. Name Adolph Keil
13. Birthplace Belleville (City, town, or county) Illinois (State or foreign country)
14. Maiden name Lena Siefert
15. Birthplace Belleville (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Walter C Gray
(b) Address Olympian Bros Hosp St Louis Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12 4 42 (Month) (Day) (Year)
(c) Place: burial or cremation ~~Valhalla~~ Belleville Ill
18. (a) Signature of funeral director Phillip H Ogden
(b) Address Belleville, Illinois
19. (a) DEC 7 1942 (Date received local registrar) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4 year 1942 hour 6:05 minute P. M.
21. I hereby certify that I attended the deceased from Nov. 13, 1942, to Dec. 4, 1942, that I last saw her alive on Dec. 4, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Primary Carcinoma of Right Bronchus with lung metastases	?
Due to: Bronchopneumonia Rt.	2 days
Due to: Cardiovascular-renal disease	15 yrs
Other conditions: Diabetes Mellitus	20 yrs
(Include pregnancy within 3 months of death) Generalized arteriosclerosis	
Major findings: Of operations	
Of autopsy: Primary carcinoma of Bronchus, pneumonia R	

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 D. J. Verda D. (M. D. or other)
Address Barnard Skin & Cancer Hosp Date signed 12-4-42

(Licensed Embalmer's Statement on Reverse Side)

10176

10176

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.

Not Embalmed

Signed Phillip H. Ogden

Licensed Embalmer No.....

P. O. Address.....

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.