

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10206

FILED DEC 15 1942

Registration District No. 818 Primary Registration District No. 1000 Registrar's No.

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

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:  
824 Goodfellow /  
(If not in hospital or institution, write street number or location)

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

In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 000

(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")

(d) Street No. 824 Goodfellow  
(If rural, give location)

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

3. (a) PRINT FULL NAME Sarah Gray

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6  
year 1942 hour 8.00 P.M. minute..... M.

21. I hereby certify that I attended the deceased from Jan. 1941 to Dec 6, 1942,  
that I last saw her 24 alive on Dec 6 42, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife..... Loren Gray 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... September 16, 1864  
(Month) (Day) (Year)

Immediate cause of death.....  
Lobar pneumonia (Hypostatic)

Duration 6 days

8. AGE: Years Months Days If less than one day

78	1	2	20	hr.	min.
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Due to.....

Due to.....

Other conditions..... suppurative secondary  
(Include pregnancy within 3 months of death)

9. Birthplace..... Indiana /  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Nil

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name..... ? Murphy

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..... Letha Syler  
(b) Address..... 824 Goodfellow

17. (a) Removal (b) Date thereof..... 12/8/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Powersville, Mo.

18. (a) Signature of funeral director..... Edith E. Ambruster  
(b) Address..... 4234 Manchester

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.....

19. (a) (Date received local registrar) DEC 7 1942 (b) J. F. Bardsack  
(Registrar's signature)

23. Signature..... E. J. Vallentyne (M. D. or other) MD  
Address 55 W. Big Bend, Webster grove Date signed 12/7/42  
ms.

SEP 7 1954

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**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 Eynck*

Licensed Embalmer No.....

*1284*

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.**