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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1

FILED MAR 11 1943

Registration District No. 789

Primary Registration District No. 200

Registrar's No. 375

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Manchester Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution three months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone Co.

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

(d) Street No. 611 Maryland Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME ROBERT HARPER GRAY

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Exie Mitchel Gray

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 14 - 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>5</u>	<u>29</u>	hr. _____ min.

9. Birthplace Thomasville North Carol
(City, town, or county) (State or foreign country)

10. Usual occupation retired from business

11. Industry or business Insurance business

MOTHER FATHER

12. Name R. H. Gray

13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown unknown

15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. T. W. Parry

(b) Address 673 Polo Drive, Clayton, Mo

17. (a) removal (b) Date thereof 2-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Missouri.

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blvd., St. Louis

19. (a) FEB 12 1943 (b) R. H. McHaren, M.D.
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12
year 1943 hour 6:15 minute A M.

21. I hereby certify that I attended the deceased from Nov 7
1942 to Feb 12 1943
that I last saw him alive on Feb 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
arteriosclerosis

Due to senility

Other conditions (Include pregnancy within 5 months of death)

PHYSICIAN

Major findings:
Of operations 9/10

Of autopsy _____

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 Ch. Perry (M. D. or other) MD

Address Prime Care, 720 Date signed 2-12-43

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

96
00

Dr. Charles Murray
TE 4 - 2361

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 Clarence H. Murray
Licensed Embalmer No. 4011
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.