S. No. 2
DM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1943

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

36403
State File No.

Registrar's No. 9851

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 4525 Gibson Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 4525 Gibson Ave (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME SAMUEL GRAY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Enola Margaret Gray

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Nov. (Month) 11 (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
55	11	30	hr. min.

9. Birthplace Alton (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Plasterer

11. Industry or business Engineers warehouse

MOTHER FATHER

12. Name James A. Gray

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

14. Maiden name Louella Diamond

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

16. (a) Informant Enola Margaret Gray

(b) Address 4525 Gibson ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-43 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Koeppelmann Mortuaries

(b) Address 4228 So. Kingshighway

19. (a) NOV 16 1943 (Date received local registrar) (b) J. F. Bradich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10 year 1943 hour 6:00 minute 12 M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Arterio sclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 James C. Ritter M.D. (M.D. or other)

Address 1306 Clark Date signed 11/10/43

(Licensed Embalmer's Statement on Reverse Side)

NOV 22 1943

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. Edwin D. McDermott

Licensed Embalmer No. 3024

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.