S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

36404

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10503

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: 1243a No 9th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 25

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

(d) Street No. 1243a No 9th St. 600 17
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 9

If yes, name country

3. (a) PRINT FULL NAME William Gray

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Black

6. (a) Single, widowed, married, divorced Mk 9

6. (b) Name of husband or wife

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

7. Birth date of deceased abt (Month) (Day) 1878 (Year)

8. AGE: Years abt 65 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant James J. Fitzsimmons
(b) Address 1300 Clark

17. Anatomical Board (Burial, cremation, or removal) (b) Date thereof 11-8-43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington U.

18. (a) Signature of funeral director W. Kichler
(b) Address 3500 Rutgers St

19. (a) NOV 30 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year 1943 hour 5 minute 45 P.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 — Duration

Cardio-Vascular-Renal Disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 1/31

Major findings:
Of operations

Of autopsy

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 3

23. Signature Alfred J Perry (M. D. or other)

Address Deputy Coroner Date signed 11/8/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.