V. S. No. 2
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ev. 5-17-39
I X35897

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

FILED JAN 11 1946

State File No. 39213

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 11371

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: St Marys Inf. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St Clair
(c) City or town Brooklyn (If outside city or town limits, write "RURAL")
(d) Street No. 802 Washington (If rural, give location) NR
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nellie Mae Gray
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race Colored
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 12 (Day) 1928 (Year)

8. AGE: Years 17 Months 6 Days 10 If less than one day hr. min.

9. Birthplace Como (City, town, or county) Miss. (State or foreign country)
10. Usual occupation Schoolgirl
11. Industry or business
FATHER
12. Name Butler Gray
13. Birthplace Coma (City, town, or county) Miss. (State or foreign country)
MOTHER
14. Maiden name Della Reynolds
15. Birthplace Coma (City, town, or county) Miss. (State or foreign country)
16. (a) Informant Della Gray
(b) Address Brooklyn Ill
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 26 1945 (Month) (Day) (Year)
(c) Place: burial or cremation East St Louis Ill
18. (a) Signature of funeral director J L Marshall
(b) Address 2205 Mo. Ave. East St Louis Ill
19. (a) DEC 26 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1945 hour 12 50 minute A. M.
21. I hereby certify that I attended the deceased from Dec 15 1945 Dec 15 1945 to Dec 22 1945 that I last saw her alive on Dec 22 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Ud

108

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 J. Neale Williams (M.D. or other) 1945
Address Lovejoy Ill Date signed 12/26

(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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St Louis Ills

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.