

S. No. 2  
M-5-43  
v. 5-17-39  
X36671

Registration District No. **318**  
**FILED JAN 27 1947**

Primary Registration District No. **1003**

Registrar's No. **82**

**1. PLACE OF DEATH:**

(a) County S

(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:  
CITY HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 Days  
(Specify whether)

In this community 24 years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri city 00-c

(b) County ST. LOUIS 571

(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 5819 Cates  
(If rural, give location) 9

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

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** RICHARD EDWARD GREY

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Jan day 5  
year 1946 hour 7:05 minute 05A M.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive 25 years 1858

7. Birth date of deceased Nov 25 1858  
(Month) (Day) (Year)

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.

8. **AGE:** Years 88 Months 1 Days 22

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Sublethal Hematomas

Due to same place cause and manner of same could not be determined

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

Other conditions None  
(Include pregnancy within 3 months of death)

10. Usual occupation R R.R. RATE MAN

Major findings: 195

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

11. Industry or business unknown

12. Name unknown

22. If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify) Open Verdict

(b) Date of occurrence Undetermined

(c) Where did injury occur? St Louis Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, or industrial place, in public place? Undetermined

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

23. Signature J.F. Bredeck Date signed Jan 6 1947

16. (a) Informant Miss Florence Turner

(b) Address 5819 Cates

17. (a) (b) Date thereof 1-6-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Walhalla

18. (a) Signature of funeral director Alexander & Sons

(b) Address 61 75 Delmar

19. (a) JAN 6 1947 (Date received local registrar)

J.F. Bredeck (Registrar's signature)

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

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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 J. Demwik*

Licensed Embalmer No. *3793*

P. O. Address *6175 Helman*

**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.**