. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10902

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. ~~2455~~

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:
City Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs. HOSP (Specify whether
In this community 60 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4201 N. 21st. St. 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lottie Grey

3. (b) If veteran, name war NIL

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Walter Grey, Sr.

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

7. Birth date of deceased June (Month) 22nd. (Day) 1886 (Year)

8. AGE: Years 60 Months 8 Days 13 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Fred Kircher
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

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

16. (a) Informant Walter J. Grey Jr.
(b) Address 4201 N. 21st. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons.
(b) Address 3934 N. 20th. St.

19. (a) MAR 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mrch day 5th. year 1947 hour 5.15 minute P.M.

21. I hereby certify that I attended the deceased from Feb 1, 1947, to March 5, 1947 that I last saw her alive on Mar 5, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Nephritis with Edema	3 hrs.
Due to: Diabetes Mellitus	4 Years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

61

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? 0
(Specify type of place)
While at work? (e) Means of injury NR

23. Signature Francis Medler (M. D. or other)
Address 4114 N Florissant Date signed 3/7/47

(Licensed Embalmer's Statement on Reverse Side)

2455

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 G. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20th St

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.