

FILED MAY 9 1947  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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

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:  
3888 Utah Pl.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Sarah Lanora Belle Gray- Davis

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife Daniel Franklin Gray 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased May 9 1969  
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housework

11. Industry or business \_\_\_\_\_

12. Name Jess Waldron

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

14. Maiden name Mary Unknown

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

16. (a) Informant Hugh Cantoni

(b) Address 3888 Utah ST.

17. (a) Removal (b) Date thereof April 30 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeling Missouri

18. (a) Signature of informant Daniel Franklin Gray  
(b) Address 1431 Union Bl

19. (a) MAY 2 1947 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL.") 1617  
(d) Street No. 3888 Utah (If rural, give location) 9  
(e) Citizen of foreign country? NO (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1947 hour 1 minute 15 p. M.

21. I hereby certify that I attended the deceased from April 24 to April 30, 1947 that I last saw him alive on April 29, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 5 days

Due to Chronic Myocarditis years \_\_\_\_\_

Due to Senility

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature William W. Feily (M. D. or other) med  
Address 3108 So. grand Date signed 4-30-47

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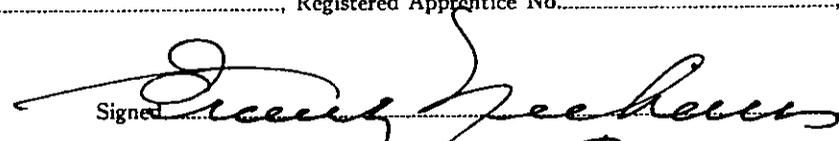
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**STATEMENT BY LICENSED EMBALMER**

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 

Licensed Embalmer No. 2915

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.**