

FILED MAY 9 1947
318

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Globe Hotel 112 N. 6th Street.
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 112 North 6th Street.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Grey.

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Grace Grey.

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
about 77 hr. _____ min.

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

10. Usual occupation retired photographer

11. Industry or business _____

12. Name Joseph Grey.

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

14. Maiden name Sarah Overton.

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

16. (a) Informant Mrs. James K. Monteith.

(b) Address 965 Hamilton Avenue.

17. (a) Burial (b) Date thereof 4-30-1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) APR 30 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th.
year 1947 hour 8:50 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction caused by Infected Diverticulae

Due to _____

Due to _____

Other conditions 1/28
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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)
(c) Means of injury 3

23. Signature John J. ... (M. D. or other) _____
Address _____ Date signed 4/28/47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Leonard W. Krayer*.....

Licensed Embalmer No..... *2678*.....

P. O. Address..... *St. Louis, Missouri*.....

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.