S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18874

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4903

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:
Homer G. Phillips 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Abt. 8 hours (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County odd 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3905a Delmar Blvd. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 19

If yes, name country

3. (a) PRINT FULL NAME Chester Gray

3. (b) If veteran, name war

3. (c) Social Security No. 432-46-7114

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 3rd (Day) 1928 (Year)

8. AGE:

Years	Months	Days	If less than one day
18	5	6	hr. min.

9. Birthplace Union Co. Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Peter Gray
13. Birthplace Oshlaw Co. Arkansas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Goodwin
15. Birthplace Union Co. Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Gray
(b) Address 3905a Delmar Boulevard

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue

19. (a) MAY 15 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th
year 1947 hour 11 minute a.M.

21. I hereby certify that I attended the deceased from 5-9, 1947, to 5-9, 1947
that I last saw him alive on May 9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Thymoma, Malignant	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

55

Major findings:
Of operations
Of autopsy Yes

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

23. Signature Edward B. Williams (M.D. or other)
Address 2601 N Whitten Date signed 5/15/47

(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

John K. Cunningham, Registered Apprentice No. 452,

working under my personal supervision.

Signed

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

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.