

FILED NOV 7 1947

State File No. 10012

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **ST. LOUIS, MISSOURI**  
(If outside city or town limits, write "RURAL" and name of township)

(c) **Saint Louis Maternity Hospital**  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MISSOURI** (b) County..... **000**

(c) City or town..... **ST LOUIS** **17**  
(If outside city or town limits, write "RURAL")

(d) Street No..... **508 NORTH CHANNING** **Channing 9**  
**21** (If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME..... **INFANT MALE GRAY**

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **12**  
year **1947** hour **4** minute **40** A.M.

21. I hereby certify that I attended the deceased from **Oct. 12** 19**47** to **Oct. 12** 19**47**  
that I last saw him alive on **Oct. 12** 19**47**  
and that death occurred on the date and hour stated above.

4. Sex..... **MALE** **2** 5. Color or race..... **NEGRO**

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

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

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

7. Birth date of deceased..... **OCTOBER 12, 1947**  
(Month) (Day) (Year)

Immediate cause of death..... **tracheal obstruction**

Due to..... **prematurity**

Due to..... **unknown cause**

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: Of operations..... **157**

Of autopsy.....

MOTHER FATHER

8. AGE: Years | Months | Days | If less than one day  
**1** | **20** | | **hr. min.**  
**M 60**

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

10. Usual occupation.....

11. Industry or business.....

12. Name..... **ALBERT GRAY**

13. Birthplace..... **MACON MISSISSIPPI**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **ANNIE LAURIE RICHARDSON**

15. Birthplace..... **MACON MISSISSIPPI**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **SAINT LOUIS MATERNITY**

(b) Address..... **630 SOUTH KINGSHIGHWAY**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof..... **Anatomical Board OCT 30 1947**  
(Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... **W. Richter**

(b) Address..... **3500 N. 1st St.**

19. (a) **OCT 30 1947** (Date received local registrar) (b) **J. F. Bredek** (Registrar's signature)

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?..... (Specify type of place)

While at work?..... (e) Means of injury..... **0**

23. Signature..... **C. R. Hudick** (M. D. or other) **MD**

Address..... **630 S. King Highway** Date signed **10/13/47**

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING 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.....

Licensed Embalmer No.....

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.