

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

17603

State File No.

Registrar's No. 4511

Registration District No. 318

Primary Registration District No. 1003

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:
DePaul Hospital
(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)

3: (a) PRINT FULL NAME Leighton Gray

3. (b) If veteran, name war None 3. (c) Social Security No. 493-10-9108

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

6. (b) Name of husband or wife Grace 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Feb. 14 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>2</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation St. Louis Public Service

11. Industry or business Retired

12. Name Owen Barton

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

14. Maiden name Mary S. Thaffin

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

16. (a) Informant Mrs. Grace Gray

(b) Address 4955 Warwick

17. (a) Burial (b) Date thereof 5/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) MAY 14 1948 (b) J. F. Bredeck
(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")
 (d) Street No. 4955 Warwick
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
 year 1948 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5/5/48 19 to 5/12/48 19;
 that I last saw h. j. m. alive on 5/12/48 19;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart failure Duration _____
Cent. Sclerotic heart disease
over 1 y

Due to _____
 Due to _____
 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 0

23. Signature J. F. Bredeck (M. D. or other) _____
 Address Humboldt Hwy Date signed 5/21/48

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

MOTHER FATHER

Dr. Frank
3604 Frank.
12-3

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

Albert Mayfield

Licensed Embalmer No

3077

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.