

FILED OCT 23 1948

318

Primary Registration District No.

1003

Registrar's No. **8865**

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: 6159 Columbia Ave. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... Years
 years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo (b) County.....
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6159 Columbia Ave.
 (If rural, give location)
 (e) Citizen of foreign country?..... No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM MICHAEL GRAY
 3. (b) If veteran, name war..... No
 3. (c) Social Security No. 493-09-5094
 4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife..... Bessie
 6. (c) Age of husband or wife if alive..... 55 years
 7. Birth date of deceased..... November 26 1882
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 11
 year..... 48 hour 1 minute 1 M.
 21. I hereby certify that I attended the deceased from 8 o'clock
 11 o'clock to 11 o'clock, 1948
 that I last saw him alive on 9 o'clock, 1948
 and that death occurred on the date and hour stated above.
 Duration

8. AGE: Years Months Days If less than one day
65 10 15 hr. min.

Immediate cause of death.....
Crown Thrombosis
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

9. Birthplace..... Stl Clare County Ill. /
 (City, town, or county) (State or foreign country)
 10. Usual occupation..... Maintenance & Watchman
 11. Industry or business..... Sunnen Mfg. Co.
 12. Name..... George W. Gray
 13. Birthplace..... Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Margaret Michael
 15. Birthplace..... n
 (City, town, or county) (State or foreign country)
 16. (a) Informant..... Bessie M. Gray
 (b) Address..... 6159 Columbia Ave.
 17. (a) Burial..... (b) Date thereof..... Oct 13 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Memorial Park Cemetery
C. Hofmeister Colonial Mortuary
 18. (a) Signature of funeral director.....
 (b) Address..... 6464 Chippewa St.
 19. (a) OCT 13 1948 (b) J. B. Luster
 (Date received local registrar) (Registrar's signature)

Major findings:
 Of operations.....
 Of autopsy.....

PHYSICIAN
 Underline the cause of 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?..... (Specify type of place)
 While at work?..... (e) Means of injury.....
 23. Signature..... G. F. Cotman (M. D. or other)
 Address..... 2715 Clifton Date signed 11 Oct 1948

MOTHER FATHER

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

Dr. A. Catanzaro
2715 Clifton Ave.

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..... *Harry S. Kungach*

..... Licensed Embalmer No. *2679*

P. O. Address *114 S. Broadway*

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.