

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28095
7126
Registrar's No.

FILED AUG 27 1949

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 28095 7126			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		d. STREET ADDRESS (If rural, give location) 27-208 N. Beaumont St			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS STATE HOSPITAL D				4. DATE OF DEATH (Month) (Day) (Year) Aug. 14, 1949					
3. NAME OF DECEASED (Type or Print) CLIFTON			a. (First)			b. (Middle) GRAY			
c. (Last)			4. DATE OF DEATH (Month) (Day) (Year)						
5. SEX M.		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 12-27-1903		9. AGE (In years last birthday) 45	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) NEWPORT ARK		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME WILLIAM GRAY			13b. MOTHER'S MAIDEN NAME MATTIE GOLDEN			14. NAME OF HUSBAND OR WIFE MARY GRAY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mathie Davis				ADDRESS 208 N. BEAUMONT ST.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Paresis				INTERVAL BETWEEN ONSET AND DEATH 3/25/46X	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 1		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
								21f. HOW DID INJURY OCCUR? 0 23X	
22. I hereby certify that I attended the deceased from Mar. 25, 1946 , to Aug. 14, 1949 , that I last saw the deceased alive on Aug. 14, 1949 , and that death occurred at 2.20a m. , from the causes and on the date stated above.									
23a. SIGNATURE G. K. Birch, M.D.				23b. ADDRESS 5400 Arsenal St.				23c. DATE SIGNED 8/14/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-19-49		24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY		24d. LOCATION (City, town, or county) WELLSTON MO		(State)	
DATE REC'D BY LOCAL REG. AUG 16 1949		REGISTRAR'S SIGNATURE J. B. Sauter				25. FUNERAL DIRECTOR'S SIGNATURE A. F. WALTON			
						ADDRESS 2707 STODDARD ST.			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.