

FILED JAN 25 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3069
Registrar's No. 91

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RICHMOND HEIGHTS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WEBSTER GROVES</u>	
c. LENGTH OF STAY (In this place) <u>7 day</u>		d. STREET ADDRESS (If rural, give location) <u>48 - MOODY 458</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST MARYS HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM SHELBY</u> b. (Middle) <u>GRAY</u> c. (Last) <u>GRAY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-9-1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB-27-1882</u>
9. AGE (In years last birthday) <u>68</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BANK WATCHMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>POLICE</u>	11. BIRTHPLACE (State or foreign country) <u>WAYNESVILLE MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>SHELBY GRAY</u>		13b. MOTHER'S MAIDEN NAME <u>ALICE BRYAN</u>	14. NAME OF HUSBAND OR WIFE <u>MAMIE GRAY</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		18. SOCIAL SECURITY NO. <u>496-32-2118</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MAMIE GRAY</u> ADDRESS <u>48 Moody</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno Carcinoma (Pt. Lung)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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? 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) (STATE) <u>163X</u>	
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?	
22. I hereby certify that I attended the deceased from <u>Oct 15</u> , 19 <u>50</u> , to <u>Jan 9th</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 9th</u> , 19 <u>51</u> , and that death occurred at <u>5 PM</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ed. Abenagh M.D.</u>		23b. ADDRESS <u>Webster Groves Mo</u>	23c. DATE SIGNED <u>1-11-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN-12-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEM</u>	24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD-ST LOUIS MO</u>
DATE RECD BY LOCAL REG. <u>1/12/51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Tomke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert R. Tomke</u> ADDRESS <u>Webster Groves Mo</u>	

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

MAR 20 1959

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

Leslie Welch

Licensed Embalmer No.

4395

P. O. Address

Holister Groves

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.