

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8959

35085

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place) 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				24/ STREET ADDRESS (If rural, give location) 2316 Pine Street				0	
3. NAME OF DECEASED (Type or Print) a. (First) Menia			b. (Middle)			c. (Last) Gray			
4. DATE OF DEATH (Month) (Day) (Year) Oct. 8 1951			5. SEX Female			6. COLOR OR RACE Colored			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed			8. DATE OF BIRTH Aug. 2, 1896			9. AGE (In years last birthday) 55			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Kentucky			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None			
17. INFORMANT'S SIGNATURE OR NAME Ada Holmes			ADDRESS 4380a Cook Ave.			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) Carcinoma of Uterus (Metastatic) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None INTERVAL BETWEEN ONSET AND DEATH Undet.			
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 174X			
22. I hereby certify that I attended the deceased from 10-2 , 19 51 , to 10-8 , 19 51 , that I last saw the deceased alive on 10-8 , 19 51 , and that death occurred at 2:30a m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Calace M. J. [Signature]			23b. ADDRESS 2601 N Whittier St			23c. DATE SIGNED 10-9-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE Oct. 12, 1951			24c. NAME OF CEMETERY OR CREMATORY Booker Washington			
24d. LOCATION (City, town, or county) (State) St. Clair County, Ill.			DATE REC'D BY LOCAL REG. OCT 10 1951			REGISTRAR'S SIGNATURE J. Earl Smith MD			
25. FUNERAL DIRECTOR'S SIGNATURE J. H. Randle & Son			ADDRESS 3133 Bell Ave.						

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed..... *J. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address *2769 Skoutea*

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.