No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30208

FILED AUG 15 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6837

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

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (in this place) 8 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY St Louis 4291
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) [redacted]
d. STREET ADDRESS (If rural, give location) 1347 Woodruff

3. NAME OF DECEASED (Type or Print)
a. (First) Ada
b. (Middle) Marguerite
c. (Last) Wray

4. DATE OF DEATH (Month) (Day) (Year) July 14, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Nov 20, 1903
9. AGE (In years last birthday) 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coil Winder
10b. KIND OF BUSINESS OR INDUSTRY Elect. Mfg
11. BIRTHPLACE (State or foreign country) Lincoln Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME J. B. Humphrey
13b. MOTHER'S MAIDEN NAME Mary Finnerty
14. NAME OF HUSBAND OR WIFE Clarence C. Wray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. ?
17. INFORMANT'S SIGNATURE OR NAME C. Dale Wray — ADDRESS 1347 Woodruff St. Louis, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain tumor, verified, Glioblastoma Rt. temporal lobe — INTERVAL BETWEEN ONSET AND DEATH 7 mos.

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 2-27-52
19b. MAJOR FINDINGS OF OPERATION Glioblastoma, Rt temporal lobe
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 193 X

22. *I hereby certify that I attended the deceased from* 2-22, 1952, *to* 7-14, 1952, *that I last saw the deceased alive on* 7-12, 1952, *and that death occurred at* 1:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE George E. Rouhac (Degree or title) M.D.
23b. ADDRESS 3720 Washington Ave
23c. DATE SIGNED 8-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/17/52
24c. NAME OF CEMETERY OR CREMATORY Sulphur Lick
24d. LOCATION (City, town, or county) Lincoln Co. (State) Mo.

DATE REC'D BY LOCAL REG. JUL 15 1952
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Kemper Funeral Home Troy, Mo. — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

Signed _____
Student Embalmer

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.