

FILED OCT 15 1953

## STANDARD CERTIFICATE OF DEATH

State File No. 33295

318

1003

Registrar's No. 8970

|   |  |   |   |  |   |   |   |  |  |
|---|--|---|---|--|---|---|---|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. _____  |   | PRIMARY REG. DIST. NO. _____   |   | State File No. 33295  |   |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Mo. _____ b. COUNTY _____ |   |   |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>   |  | c. LENGTH OF STAY (in this place) _____   |   | c. CITY OR TOWN <u>St. Louis</u>   |   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u>  |  |   |   | e. STREET ADDRESS (If rural, give location) <u>3909 Labadie</u>  |   |   |   |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Annie</u>  |  |   | b. (Middle) <u>Gladys</u>                       |  | c. (Last) <u>Gray</u>                                   |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>9/14 53</u> |  |  |
| 5. SEX <u>F.</u>  |  | 6. COLOR OR RACE <u>W.</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  |   | 8. DATE OF BIRTH <u>Aug. 10, 1900</u>   |   | 9. AGE (in years last birthday) <u>53</u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>  |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>Puxico Missouri</u>  |   |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>              |  |  |
| 13a. FATHER'S NAME <u>George Parsley</u>  |  |   | 13b. MOTHER'S MAIDEN NAME <u>Martha Cravens</u> |  |   | 14. NAME OF HUSBAND OR WIFE <u>Fred W.</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>  |  | 16. SOCIAL SECURITY NO. <u>Nil.</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Fred W. Gray</u>  |   |   |   | ADDRESS <u>3909a Labadie</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                           |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic glomerulo nephritis</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertensive cardiovascular disease</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>Years</u>                                 |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |   |  |   |   |   | 20. AUTOPSY? YES <input checked="" 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) _____   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | 21f. HOW DID INJURY OCCUR? <u>443X</u>   |   |   |   |  |  |
| 22. I hereby certify that I attended the deceased from <u>8-22, 1953</u> , to <u>9-14, 1953</u> , that I last saw the deceased alive on <u>9-14, 1953</u> , and that death occurred at <u>4:22 P.m.</u> , from the causes and on the date stated above. |  |   |   |  |   |   |   |  |  |
| 23a. SIGNATURE <u>Emil Frei III</u>   |  |   |   | (Degree or title) <u>M.D.</u>  |   | 23b. ADDRESS <u>Desloge Hosp.</u>   |   | 23c. DATE SIGNED <u>9-14-53</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____   |  | 24b. DATE <u>9-15-53</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Lone Hill</u>  |   | 24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff Mo.</u>   |   |  |  |
| DATE REC'D BY LOCAL _____   |  | REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>  |   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> |   | ADDRESS <u>4700, Washington.</u>                        |  |  |
| SEP 16 1953   |  |   |   |  |   |   |   |  |  |

S.P. (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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*John S. Dennis*  
Licensed Embalmer No. 419  
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.