FILED OCT 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34473

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2320

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KIRKWOOD
c. LENGTH OF STAY (in this place): about 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 435 Holmes St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KIRKWOOD 4693
d. STREET ADDRESS (If rural, give location): 435 - HOLMES ST.

3. NAME OF DECEASED (Type or Print)
a. (First) THOMAS
b. (Middle) GRAY
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): aug 27 - 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE-8-1870
9. AGE (In years last birthday): 83 — 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): MINISTER OF GOSPEL
10b. KIND OF BUSINESS OR INDUSTRY: RELIGIOUS
11. BIRTHPLACE (City and State or Foreign Country): ALTON - ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JAMES GRAY
13b. MOTHER'S MAIDEN NAME: ELIZABETH HARDY
14. NAME OF HUSBAND OR WIFE: LETA D. GRAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: L.D. GRAY - GLENDALE - 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): Acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive cardio-vascular disease — 10 years
DUE TO (c): Arterio-sclerosis — 10 years

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: 4201
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?

22. *I hereby certify that I attended the deceased from* April 21st, 1949, *to* Aug 27, 1953, *that I last saw the deceased alive on* June 27, 1953, *and that death occurred at* 12:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin M. Gaines MD
23b. ADDRESS: 10424 Manchester Rd Kirkwood (22) MO
23c. DATE SIGNED: 8/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG-31-1953
24c. NAME OF CEMETERY OR CREMATORY: SUNSET-BURIAL PK
24d. LOCATION (City, town, or county) (State): ST. LOUIS CO - MO

DATE REC'D BY LOCAL REG.: 8/29/53
REGISTRAR'S SIGNATURE: Herbert J. Sonke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Parker-Aldrich-FUN-HOME
ADDRESS: WEBSTER GROVES

(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 .....
Student Embalmer

Signed Leslie Walch

Licensed Embalmer No. 4395

P. O. Address Webster Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.