

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20544
4937

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) St. Louis 0		c. LENGTH OF STAY (In this place) 4 1/2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hosp.		d. STREET ADDRESS (If rural, give location) 6 5640 Ashland			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) MICHAEL	b. (Middle) ALLEN		c. (Last) GRAY		June 3, 1954
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Marr. 0	8. DATE OF BIRTH Aug. 15, 1949	9. AGE (In years last birthday)	10. MONTHS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Woodrow Gray	13b. MOTHER'S MAIDEN NAME Roberta Kreisman	14. NAME OF HUSBAND OR WIFE --
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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 Woodrow Gray	ADDRESS 5640 Ashland
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Skull fracture with traumatic brain damage; Left Hemithorax ruptured when struck by car operated by one Raymond Powers, in front of about 5663 Green Avenue about 12:59 pm June 3 1954.</i>		INTERVAL BETWEEN ONSET AND DEATH
	2. ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Accident</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, street, office bldg., etc.) <i>Street</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>June 3 5412:59</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>000 E 812.4</i>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *4:30 PM*, from the causes and on the date stated above. *25*

23a. SIGNATURE <i>Joseph M. DePaul</i>	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>6/24/54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Rem</i>	24b. DATE <i>6/4/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth</i>	24d. LOCATION (City, town, or county) (State) <i>University City Mo.</i>
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DATE REC'D BY LOCAL REG. <i>JUN 4 1954</i>	REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Berger Memorial</i>	ADDRESS <i>4715 McPherson</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

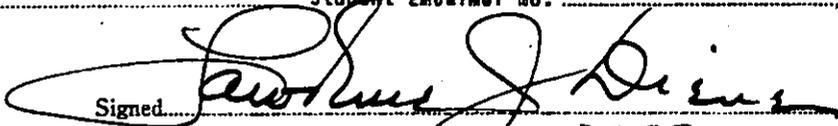
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 3988

P. O. Address St Louis

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.