

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**28925**

State File No. ....

**7561**

**FILED SEP 2 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <b>3031-Warner (Home)</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived... If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3031 Warner</b>		e. STREET ADDRESS (If rural, give location) <b>10 3031 Warner</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Rosie</b> b. (Middle) c. (Last) <b>Gray</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>8 14 54</b>
--	--	--	---

<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>Negro</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Dec. 9, 1903</b>	<b>9. AGE</b> (In years last birthday) <b>50</b>	<b>IF UNDER 1 YEAR</b> Months Days	<b>IF UNDER 4 HRS.</b> Hours Min.
--------------------------------	---	---	--	--	--	---

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Kansas City, Kan.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA.</b>
--	--	---	--

<b>13a. FATHER'S NAME</b> <b>Kemp Carther</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Maggie Duncan</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Fred Gray</b>
--	--	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Fred Gray</b>	<b>ADDRESS</b> <b>3031 Warner</b>
--	---	--	--------------------------------------

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral infarction</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>ANTECEDENT CAUSES</b> <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>334 X</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from Aug 14, 1954, to Aug 14, 1954, that I last saw the deceased alive on Aug 14, 1954, and that death occurred at 4:30 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>[Signature]</i>	(Degree or title)	<b>23b. ADDRESS</b> <b>2902 Jack</b>	<b>23c. DATE SIGNED</b> <b>8/14/54</b>
---	-------------------	---	---

<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>24b. DATE</b> <b>8-15-54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Greenwood Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>St. Louis County Mo.</b>
--	------------------------------------	--	---

<b>DATE REC'D BY LOCAL REG.</b> <b>AUG 16 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>C. W. Roberts</b>	<b>ADDRESS</b> <b>1416 N. Taylor</b>
---	--	---	---

*[Signature]* (Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

---

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 *James A. Carter*.....  
Licensed Embalmer No.....

P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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