

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31832**

FILED SEP 21 1954

Registrar's No. **8426**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8426			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 21 3125 Delmar					
3. NAME OF DECEASED (Type or Print) a. (First) Laura			b. (Middle)		c. (Last) Gray		4. DATE OF DEATH (Month) (Day) (Year) 9 11 54		
5. SEX F		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 14, 1889		9. AGE (in years last birthday) 70 # UNDER 1 YEAR: Months 2 # UNDER 2 Wks. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cleaner			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Bradford			13b. MOTHER'S MAIDEN NAME Lillie			13c. NAME OF HUSBAND OR WIFE John Gray			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and date of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles A. Bradford 4340 Labadie				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease 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 Chronic Glomerulonephritis Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition						INTERVAL BETWEEN ONSET AND DEATH Undt.	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200					
22. I hereby certify that I attended the deceased from 9-6 1954 , to 9-11 1954 , that I last saw the deceased alive on 9-11 1954 , and that death occurred at 4:55P m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Edw. B. Williams, M.D.				23b. ADDRESS 2601 N. Whittier			23c. DATE SIGNED 9-13-54		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Sept. 15, 1954		24c. NAME OF CEMETERY OR CREMATORY Oakdale		24d. LOCATION (City, town, or county) (State) Kenway, Missouri			
DATE REC'D BY LOCAL REG. SEP 14 1954		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. B. Koone 12217 Grand				

*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..... *Gustave Swan*

Licensed Embalmer No. *158*

P. O. Address *122 N Y St*

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.