

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2576

FILED FEB 7 - 1955

State File No.

318

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|--|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____ | | | |
| b. CITY OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) <u>3</u> | | 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>enroute to city hosp</u> | | | | STREET ADDRESS (If rural, give location) <u>2219 2635^a Pine St</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Reese</u> | | b. (Middle) _____ | | c. (Last) <u>Gray</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 11 55.</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>3-6-1927</u> | |
| 9. AGE (in years last birthday) <u>27</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>labor</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | | 13a. FATHER'S NAME <u>Reese Gray</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary</u> | | 14. NAME OF HUSBAND OR WIFE <u>Single</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes world war No 2</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Reese Gray (Senior) 2635^a Pine</u> | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured Esophageal</u> ANTECEDENT CAUSES <u>Varices; Cirrhosis of Liver</u> DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 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>5810</u> | | | | | |
| 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 <u>8:56 p.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Patrick C. Taylor Carver</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>31300 Clark</u> | | 23c. DATE SIGNED <u>1. 18. 55</u> | |
| 24a. BURIAL, CREMATION, CREMATION (Specify) <u>Burial</u> | | 24b. DATE <u>JAN 18 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>National</u> | | 24d. LOCATION (City, town, or county) (State) <u>Jefferson Barrack Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>JAN 18 1955</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Burk 3506 Franklin</u> | | | |

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 J. Yandel*

Licensed Embalmer No. *42*

P. O. Address *W. Webster*

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.