

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17165

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1049

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, write RURAL and give town) CLAYTON		c. LENGTH OF STAY (In this place) D.O.A.	c. CITY (If outside corporate limits, write RURAL and give township) LEMAY 85-2		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSPITAL			d. STREET ADDRESS (If rural, give location) 386 KINGSTON DRIVE		
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) G. c. (Last) GRAY			4. DATE OF DEATH (Month) (Day) (Year) MAY 8, 1955		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCTOBER 2, 1931	9. AGE (In years last birthday) 23	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) BUFFER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL METALS	11. BIRTHPLACE (State or foreign country) CAPE GIRARDEAU, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME PHINAS GRAY		13b. MOTHER'S MAIDEN NAME RETTIE NISBONGER		14. NAME OF HUSBAND OR WIFE JOAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES KOREA	16. SOCIAL SECURITY NO. 571-34-1372	17. INFORMANT'S SIGNATURE OR NAME ADDRESS RETTIE TOWNSEND 6220 VIRGINIA, ST. LOUIS, MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Damage to brain with lacerations of		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES DUE TO (b) scalp and fracture of the skull. In-		
			DUE TO (c) juries compatible with those which		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. might have been produced by collision		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION in a moving motorcycle				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) LEMAY 26 St. Louis Mo.	21f. HOW DID INJURY OCCUR? Operator of motorcycle which collided with an automobile		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) May 8th, 1955 3:00 a. m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				
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 _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Arnold J. Willmann, Coroner			23b. ADDRESS Clayton 5, Mo.		23c. DATE SIGNED 5/11/55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 11, 1955	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MISSOURI		
DATE REC'D BY LOCAL REG. 5/9/55	REGISTRAR'S SIGNATURE Heber B. Romberg	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. HOPFMEISTER U. & L. CO. 781 S. BROADWAY ST. LOUIS, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed.....

Linus C. Hoffmann

Signed.....

Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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

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