300
48

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

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10785

BIRTH NO. 18778-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3139

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS CITY HOSPITAL #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE St. Louis, Mo
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 2200 HEBERT 2209

3. NAME OF DECEASED (Type or Print) a. (First) BABY GIRL b. (Middle) c. (Last) GRAY

4. DATE OF DEATH (Month) (Day) (Year) MARCH 17, 1956

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) —
8. DATE OF BIRTH MARCH 16, 1956
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours 12 Min.

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, MO.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME VIRGIL GRAY
13b. MOTHER'S MAIDEN NAME HEYDORN, Carol Ann
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Hospital Record ADDRESS 1500 Lafayette

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH

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

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 776X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-16, 1956, *to* 3-17, 1956, *that I last saw the deceased alive on* 3-17, 1956, *and that death occurred at* 4:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Hugh Masters (Degree or title) M.D.
23b. ADDRESS 1515 LAFAYETTE AVE.
23c. DATE SIGNED 3-19-56.

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE MAR 31 1956
24c. NAME OF CEMETERY OR CREMATORY Anatomical Board
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. MAR 29 1956
REGISTRAR'S SIGNATURE J. Carl Smith MD
MKB
(Licensed Embalmer's Statement on Reverse Side)
25. FUNERAL DIRECTOR'S SIGNATURE Rowland-Aker Mortuary Service ADDRESS 4104 Manchester Ave. St. Louis 10, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.