

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **14591**  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3761**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>3761</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>MADISON</b>					
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) <b>2 1/2 hrs.</b>		c. CITY OR TOWN <b>MADISON</b>		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 <b>ST. LOUIS CHILDREN'S HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>2005 FIFTH ST. #1208</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>ROBIN</b> b. (Middle) <b>GAIL</b> c. (Last) <b>GRAY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-15-56</b>						
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>UNMARRIED</b>		8. DATE OF BIRTH <b>8-29-55</b>			
9. AGE (In years) (Month) (Day) (Year) last birthday) <b>7 17</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>GRANITE CITY, ILL.</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>GEO. ERNEST GRAY</b>		13b. MOTHER'S MAIDEN NAME <b>RITA CARSON</b>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>B. Britton</b> ADDRESS <b>500 So Kings Highway</b>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bilat. Adrenal Hemorrhage</b> ANTECEDENT CAUSES <b>Septicemia (meningococcemia)</b> 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. <b>O.K. In Treatment</b> <b>Joseph M. [unclear]</b>				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) <b>057.1</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <b>4-15-56</b> , to <b>4-15-56</b> , that I last saw the deceased alive on <b>4-15-56</b> , 19____, and that death occurred at <b>4:30 pm.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>VERSA J. VIETTI MD</b> (Degree or title)				23b. ADDRESS <b>510 So Kings Highway</b>		23c. DATE SIGNED <b>4/16/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4-16-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Local</b>		24d. LOCATION (City, town, or county) (State) <b>Granite City, Ill.</b>			
DATE REC'D BY LOCAL REG. <b>APR 16 1956</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b> ADDRESS <b>4700 Washington Blvd.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

Licensed Embalmer No. 41

P. O. Address St. Louis

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.