

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57022535  
State File No.

No. 300  
10.48

FILED JUL 5 1957

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5938

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		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"/>			
c. LENGTH OF STAY (in this place) 2 yr. 4 mo.		e. STREET ADDRESS (If rural, give location) 3853 Windsor					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hosp.		26					
3. NAME OF DECEASED (Type or Print) a. (First) Hattie		b. (Middle) Gray		c. (Last) Gray			
4. DATE OF DEATH (Month) (Day) (Year) 6 9 1957							
5. SEX female		6. COLOR OR RACE col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow			
8. DATE OF BIRTH 5-22-1894		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ark.			
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME unk.		13b. MOTHER'S MAIDEN NAME Charlotte Alford		14. NAME OF HUSBAND OR WIFE unk.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Records 5600 Arsenal			
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* 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) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Syphilis (Tertiary) 19a. DATE OF OPERATION				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs. 2 1/2 yrs. + 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION 420.0 B		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) (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 1-20-55, 19__, to 6-9-57, 19__, that I last saw the deceased alive on 6-9-57, 19__, and that death occurred at 5:15 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John W. Beckham, M.D.		23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 6/10/57			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-29-57		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board			
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.							
DATE REC'D BY LOCAL REG. JUN 26 57		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland-Aker Mortuary Service 4104 Manchester Ave. St. Louis 10, Mo.			

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.....

Licensed Embalmer No.....

P. O. Address.....

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.