

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038140

STATE FILE NUMBER

FILED OCT 17 1958

Registration District No. ....

318

Primary Registration District No. ....

1003

Registrar's No. ....

9527

300  
1-57

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
38 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Barnes Hosp.		d. STREET ADDRESS (If outside, give location) 2197 4344 Laclede Ave.	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Henry August Ray			4. DATE OF DEATH Month Day Year Oct. 3, 1958
5. SEX M. 0	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 8, 1895
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer, Grinnell Co. Inc.	11. BIRTHPLACE (City and state or country) St. Louis, Missouri 0
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? U.S.	
10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME Cecil Ray	
13b. MOTHER'S MAIDEN NAME Maria Denathel		14. NAME OF HUSBAND OR WIFE Emma Bunda Ray	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # I		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Emma Ray, 4344 Laclede Ave.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 8300 25
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Suffered when run over by truck operated by one Charles Bushman, in the vicinity of 1615 So Kingshighway, approx 915 am, October 3rd 1958			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Be as full and complete as possible in PART II.)		
20c. TIME OF INJURY Hour Month, Day, Year 9:15 am 10 3 58	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1615 So Kingshighway		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION St. Louis Mo. COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 931 A on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James M Kelly Deputy Coroner		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 10-4-58			
23a. BURIAL, CREMATION, RECEPTIONAL (Specify) Burial	23b. DATE Oct. 6, 1958	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) St. Louis, Missouri (State)
24. FUNERAL DIRECTOR William J. Donnelly 3840 Lindell Blvd.		25. DATE RECD. BY LOCAL REG. OCT 6 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. M. 9.13.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**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 *Thomas Williamson*

Licensed Embalmer No. *3565*  
P. O. Address *3840 Linden*

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.