MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

(31) GG

File No. 10691-31

Registered No. 2499

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4149½ Nebraska Ave St. ..... Ward)

2. FULL NAME Mary E. Gray.

(a) Residence. No. 4149½ Nebraska St., 15 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Gray.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 25th 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	58	2	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Clinton Co.
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Geo. W. Lear

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clinton Co.
(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Eliz Laird

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn.

14. INFORMANT Alice Gray
(Address) 4149 Nebraska Ave

15. FILED APR -6 1928, 19..... Mary C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March. 3rd 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1927, to March 3, 1928 that I last saw h. alive on March 3-28, 19....., and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Streptococcy Septicemia due to infection of Lungs
Caused by Scalp Abscess from an Some of Wisdom's Teeth
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1943 Accident
136 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Geo. L. Stern, M. D.
3/5, 1928 (Address) 3133a Meramec St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lakewood Park — DATE OF BURIAL Mch. 6th 1928

20. UNDERTAKER Wm. Schumacher. — ADDRESS 3013 Meramec

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD