

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **No. Baptist Hospital**)
 Registered No. **626** St. _____ Ward)

2. FULL NAME

(a) Residence. No. **5855^A Theodosia Ave.** St. **6** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* **4. COLOR OR RACE** *White* **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Marie Gray*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Unknown 1878*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
At 51 Unknown

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

10. NAME OF FATHER *William Gray*

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

12. MAIDEN NAME OF MOTHER *Unknown*

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

14. INFORMANT *Marie Gray*
 (Address) *5855 Theodosia Ave*

15. FILED *11 1929* *Key C. Hankley* REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 11, 1929*

17. HEREBY CERTIFY That I attended deceased from *Dec 11, 1928* to *Jan 11, 1929* that I last saw him alive on *Jan 11, 1929*, and that death occurred, on the date stated above, at *11:30 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute myocarditis
111A
93A
 (duration) yrs. mos. *14* da.

CONTRIBUTORY (SECONDARY) *Esophageal stenosis*
 (duration) yrs. mos. *5* da.

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

DID AN OPERATION PRECEDE DEATH? yrs. DATE *Jan 9-29*
WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) *D. C. Boserman*, M. D.
1-12-1929 (Address) *6123 Easton Ave.*

*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 *Lake Charles Cemetery* **DATE OF BURIAL** *1/15 1929*

20. UNDERTAKER *Arthur J. Drummely* ADDRESS *2039 Wood St*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

246
2
2
2

4014

2000
2000
2000