

**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 Mo.** (No. **St. Louis Maternity**)

File No. **32037**  
 Registered No. **9068**  
 St. .... Ward)

**2. FULL NAME**

**Baby boy Bray**  
 (a) Residence. No. **7104 West Gate** St. **12** Ward. **St. Louis Co. Mo.**  
 (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)**

**Male** **white**

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** **9-4-29**

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, **3** hrs. or **55** min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)** **St. Louis Mo.**  
 (STATE OR COUNTRY)

**10. NAME OF FATHER** **Carl M Bray**  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** **St. Louis Mo.**  
**12. MAIDEN NAME OF MOTHER** **Lillie Muent**  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** **St. Louis Mo.**

**14. INFORMANT** **Carl M. Bray**  
 (Address) **7104 West Gate**

**15. FILED** **Max C. Starker** REGISTRAR

**1 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **9-4-29** 19**29**

**17. I HEREBY CERTIFY, That I attended deceased from** **12:35 PM**  
**9-4** 19**29**, to **4:25 PM** **9-4** 19**29**  
 that I last saw h. **un** alive on **9-4** 19**29**, and that death occurred, on the date stated above, at **4:25 P.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Prematurity**  
**159**

**CONTRIBUTORY (SECONDARY)** **1610** (duration) yrs. mos. ds.  
 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**0** DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....  
 WAS THERE AN AUTOPSY? **no**  
 WHAT TEST CONFIRMED DIAGNOSIS **Clinical findings**  
 (Signed) **S. A. Seale** M. D.  
 19**28** (Address) **630 S. Kingshighway**

\*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** **Bellefontaine** DATE OF BURIAL **Sept. 9 1929**  
**20. UNDERTAKER** **Alexander & Louis** ADDRESS **16175 Delmar**

CAUSE OF DEATH IN plain terms, so that it may be properly classified.

