MAR 28 1930

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

Do not use this space.

6236

File No. .....

Registered No. 28

1. PLACE OF DEATH

County St Louis — Registration District No. 798

Township Central — Primary Registration District No. 4471

City Webster Groves (No. 840 Marshall Ave St. ..... Ward)

2. FULL NAME Edwin Byron Ray

(a) Residence. No. 840 Marshall St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
M	W.	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 20 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	66	0	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer St Louis Car. Co

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) New York.

PARENTS

10. NAME OF FATHER Alfonso Ray

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) New York.

12. MAIDEN NAME OF MOTHER Bailey

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

14. INFORMANT Mary Ray Hurley
(Address) 840 Marshall Ave

15. FILED 2-28 1930 Arthur W Westrup REGISTRAR
per Elsie Henson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1930, to Feb 26, 1930 that I last saw him alive on Feb 26, 1930, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Lobar Pneumonia

10 A 108

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) None

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

8 IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Wm D Barker, M. D.

Feb 28, 1930 (Address) 229 Metropolitan Bldg St Louis Mo

*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	DATE OF BURIAL
Oak Hill Cemetery	3/1 1930

20. UNDERTAKER	ADDRESS
Croghan Und Co.	7146 Manchester

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.

Dr Barker 804 Atlanta N.364.J
508 N Grand Jx 4/41