

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

Do not use this space.

30066

1. PLACE OF DEATH

County..... Registration District No. 791
 Townshp..... Primary Registration District No. 1008
 City St. Louis (No. 1204 Wright Ave)
 St. Ward)

File No.
 Registered No. 9134

2. FULL NAME Clemens V. Gray

(a) Residence, No. 1204 Wright Ave St. 4 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eugene G. Gray</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 18 1892</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>5</u>
	DAYS <u>Unknown</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year).....	
	11. Total time (years) spent in this occupation.....	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kempville Tennessee</u>
	13. NAME <u>Samuel Hodges</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>
	15. MAIDEN NAME <u>Kate Eguels</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kempville Tennessee</u>
	17. INFORMANT <u>Eugene G. Gray</u> (ADDRESS) <u>1204 Wright Ave</u>
	18. BURIAL, CREMATION OR REMOVAL PLACE <u>Valhalla Cem</u> DATE <u>Aug 29 1951</u>
	19. UNDERTAKER <u>Wiegman Mortuary</u> (ADDRESS) <u>4228 North Broadway</u>
	20. FILED <u>8/28 1951</u> <u>W. C. Taylor</u> Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 1951

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 to Aug 26, 1951. I last saw her alive on Aug 26, 1951. Death is said to have occurred on the date stated above, at 9:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia.
Chronic Bronchitis.

Date of onset Aug 26

Other contributory causes of importance:
108 100B
108 100B

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NS
 If so, specify.....
 (Signed) J. L. Buntz, M. D.
 (Address) 2806 N. Grand

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.

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

Grand 1, 18 June