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.

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

Do not use this space.

21324

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5882

City St Louis (No. En Route City Hospital #2 St. ..... Ward)

2. FULL NAME Robert Ellis Gray

(a) Residence, No. 2921 - Dayton St., 21 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)
male	Cl	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-27-1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	4	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 12

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nil 86

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo. 1

FATHER

13. NAME James O. Gray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 1

MOTHER

15. MAIDEN NAME Ella Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark 2

17. INFORMANT (ADDRESS) Ella Gray 2921 - Dayton St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenwood DATE June 23 1932

19. UNDERTAKER (ADDRESS) A. L. Beal Und. Co. 2726 - Lucas Ave

20. FILED JUN 23 1932 19 Max C Starkey Registrar. 6/21/32

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician in attendance, 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro - Enteritis	
Spasms	

Other contributory causes of importance:

1200

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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 No Injury

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature], ~~M.D.~~

(Address) Deputy Coroner