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.

24532

File No. 6666

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1023

City St Louis Mo (No. City Hospital #2 St. Ward)

2. FULL NAME John Gray

(a) Residence, No. 3125 Lawton St., N Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-1-1875

7. AGE: YEARS 57 MONTHS 2 DAYS 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Minister 199

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) Miss 2

FATHER

13. NAME Gilbert Gray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 21

MOTHER

15. MAIDEN NAME Cardelia Harris

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

17. INFORMANT (ADDRESS) A Gertrude Creath City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE 7-22 1932

19. UNDERTAKER (ADDRESS) G. Scott 3015 Lawton Ave

20. FILED Jul 20 1932 Max C Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-12- 1932, to 7-14- 1932

I last saw him alive on 7-14- 1932 Death is said to have occurred on the date stated above, at 2:55 a.m.

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

82A

(1)

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance: 82A

Name of operation Date of

What test confirmed diagnosis? Clin Lab 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

Nature of injury

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

If so, specify

(Signed) C M Smith, M. D.

(Address) City Hosp No 2