

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.

JUL 13 1934

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

Do not use this space.

41356

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1000
City St. Louis (No. 2347, Klemm St. _____ Ward)

File No. _____
Registered No. 11342

2. FULL NAME Louise Bray

(a) Residence, No. 2347 Klemm, St. 17 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND DECEASED (OR) WIFE OF Wm P. Bray
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 3 21

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

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

FATHER
13. NAME Daniel Fisher

14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Emma Stender

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Wm P. Gray (ADDRESS) 2347 Klemm

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Lebanon DATE Nov 30 1934

19. UNDERTAKER A. W. In Laupher (ADDRESS) 2301 Lafayette

20. FILED NOV 28 1934 J. E. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1934 to Nov 27 1934
I last saw her alive on Nov 27 1934 Death is said to have occurred on the date stated above, at 2 p. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma (Bladder) Date of onset ?
58

Other contributory causes of importance:
50

Name of operation none 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?
If so, specify Thrombosis (Signed) Thermon Greun, M. D.
(Address) 5435 Eastern

