REC'D JUN 9 1938

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

17109
Do not use this space.

Registration District No. 791
Primary Registration District No. 1008
Registered No. 4970

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. Homer Phillips Hospital St.
(e) Length of residence in city or town where death occurred life yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charlie Gray colored
(a) Residence, No. 2305 Wash St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Tillie Gray
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 19, 1883
7. AGE: Years 54 | Months 8 | Days 6 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: W P A
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY): Saint Louis Missouri 0

FATHER
13. NAME: Sanford Gray 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

MOTHER
15. MAIDEN NAME: Hilda Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Evelyn Hilliard 2601 N Whittier
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Pk DATE May 31, 1938
19. FUNERAL DIRECTOR (NAME) F. A. Green (ADDRESS) 2916 Franklin Avenue
20. FILED MAY 31 1938 J. B. Bredick Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1938
22. I HEREBY CERTIFY, That I attended deceased from May 23, 1938 to May 25, 1938
I last saw him alive on May 25, 1938. Death is said to have occurred on the date stated above, at 9:25a m.
The principal cause of death and related causes of importance were as follows:

Chronic nephritis — Date of onset 5/23/38

Other contributory causes of importance:
Uremia

Name of operation Date of
What test confirmed diagnosis? clinical 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) [illegible], M. D.
(Address) 2601 Nashville

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, F. A. Gr

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed F. A. Green

Licensed Embalmer No. 3963

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con ; with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**