

REC'D SEP 28 1938

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

29878  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles Registration District No. 757  
(b) Township St. Charles Primary Registration District No. 3036  
(c) City St. Charles (d) Street No. 2037 Moore Ave Registered No. 127  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Killian Marvin Gray A. I.  
(a) Residence, No. St Charles Mo St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora E Best  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1855-Feb 2nd  
7. AGE YEARS 83 MONTHS 6 DAYS 24 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer  
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) St Charles County Mo

FATHER 13. NAME Samuel M Gray 1

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Wm Gray Jr  
St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE 9/11/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W C Dalmyer  
St Charles Mo

20. FILED 9/1 38 Clarence H. Ausley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30<sup>th</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug - 16 1938 to Aug - 30 1938  
I last saw him alive on Aug - 29 1938 Death is said to have occurred on the date stated above, at 1:57 m.

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

Intestinal Tumor  
Date of onset Aug 14 1938  
Other contributory causes of importance: 11/3

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?.....  
If so, specify.....  
(Signed) J R Nardine, M. D.  
St Charles, Mo (Address)

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

9-2  
4  
3

**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, .....

*John E. Dellmeyer*

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

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

Signed

*John E. Dellmeyer*

Licensed Embalmer No. ....

*2953*

P. O. Address

*St Charles Mo*

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

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