

REC'D FEB 10 1939

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

791
100399
Do not use this space.

Registered No. 99

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City, Saint Louis (d) Street No. Peoples Hospital St.
(e) Length of residence in city or town where death occurred Unavailable (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Sarah E. Gray

(a) Residence, No. 4316 Labadie Avenue St. 10
(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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. ~~MARRIED, WIDOWED, OR DIVORCED~~
HUSBAND OF Louis R. Gray
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Abt. 60

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Shelby County
(STATE OR COUNTRY) Tennessee

FATHER 13. NAME Romie Williams

14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Harriet Cartwright

16. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Tennessee

17. INFORMANT Erin C. Gray
(ADDRESS) 4316 Labadie Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Eads, Tennessee DATE 1/4/39

19. FUNERAL DIRECTOR (NAME) Charles J. Gates
(ADDRESS) 4107-09 Finney Avenue

20. FILED 1 19 1939
J. B. ... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1938 to January 1, 1939

I last saw her alive on January 1, 1939. Death is said to have occurred on the date stated above, at 3:12 p.m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset
Jan 3
1, 38

Other contributory causes of importance:
None

Name of operation None 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) J. B. ..., M. D.

(Address) 8229 N. P. F. ...

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,

James A. Johnson

or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

3522

P. O. Address 4107 Finney Ave.

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.