

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH

412  
Do not use this space.

1003

## 1. PLACE OF DEATH

(a) County ..... 1 Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. 412  
(c) City St. Louis - mo. (d) Street No. 500 S. Kings Highway St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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.  
66-8 St. Louis Childrens Hospital

2. PRINT FULL NAME Gray, Melvin  
(a) Residence, No. 3150a Rutger St. St. 18 (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 m 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-19-38  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
8 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child  
9. Industry or business in which work was done, as saw mill, bank, etc. Child  
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 - mo. (STATE OR COUNTRY)

FATHER 13. NAME George Gray  
14. BIRTHPLACE (CITY OR TOWN) Laurel, Miss. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Georgie Griffin  
16. BIRTHPLACE (CITY OR TOWN) Newport - Ark (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) M. E. Matthews18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 1-14-3919. FUNERAL DIRECTOR (NAME) Ellis Funeral Home (ADDRESS) 2820 Stoddard St.20. FILED JAN 13 1939 J. B. Buehler Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11-3922. I HEREBY CERTIFY, That I attended deceased from 1-10-39, to 1-11-39, 1939I last saw h. l. m. alive on 1-11-39, 1939 Death is said to have occurred on the date stated above, at 3 p.m.

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

Pneumococci meningitis Date of onset 1-8-39  
Septicemia 1-8-39

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes23. 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. Buehler M. D.(Address) 500 S. Kings Highway

**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

*Louise Boykin*

, or by

*myself*

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

Signed

*Louise Boykin*

Licensed Embalmer No.

*2946*

P. O. Address

*St Louis 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.**