

REC'D JUN 10 1939

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

17149

Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(d) Street No. City Hospital No. 1

Registered No. 4683

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
E. 939

2. PRINT FULL NAME

Grace Gray

(a) Residence, No. 1301 a Shenandoah (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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced wife of Ben

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 -- 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. hwk
9. Industry or business in which work was done, as saw mill, bank, etc. hwk
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) Missouri13. NAME James Pulley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Tennie Hepper16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Hosp. Info. M. Kent18. BUREAU OF HEALTH OR REMOVAL to Caruthersville, Mo. DATE 5/23/3919. FUNERAL DIRECTOR (NAME) (ADDRESS) A. W. McLaughlin
2301 Lafayette Ave20. FILE NO. MAY 23 1939 J. B. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/22/39 1922. I HEREBY CERTIFY, That I attended deceased from 4/21/39, 19, to 5/22/39, 19.

I last saw her live on 5/22/39, 19. Death is said to have occurred on the date stated above, at 3/25m.p
The principal cause of death and related causes of importance were as follows:

Carcinoma of
bladder

Other contributory causes of importance: NO

Name of operation Date of
What test confirmed diagnosis? Biopsy 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. H. P. Lathrop, M. D.
(Signed) H. P. Lathrop (Address) City Hospital No 1

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

Signed Paul A. Keith
Licensed Embalmer No. 3612
P. O. Address 2301 Lafayette

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.