JUL 9 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26815

Registration District No. 7840 Primary Registration District No. 109 Registrar's No. 1217

1. PLACE OF DEATH: 2

(a) County St. Louis

(b) City or town Maplewood (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7928 Caroline (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County St. Louis

(c) City or town Maplewood (If outside city or town limits, write "RURAL")

(d) Street No. 7928 Caroline (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Henry Gray 607

3. (b) If veteran, name war

3. (c) Social Security No. 489-01-6241

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lottie Gray

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 3, 1893 (Month) (Day) (Year)

8. AGE: Years 46 Months 1 Days 3 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Auto Salesman

11. Industry or business

FATHER
12. Name Charles Gray
13. Birthplace (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Marie Ruterette
15. Birthplace (City, town, or county) France (State or foreign country)

16. (a) Informant's own signature Lottie Gray

(b) Address 7928 Caroline

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) JUL - 9 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1939 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from 7-6, 1939, to 7-6-, 1939; that I last saw him alive on 7-6-, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	3 hrs.
Due to: Hypertension	
Heat stroke	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

191

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature J A Sterling (M. D. or other)

Address 7266 Manchester Date signed 7-7-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X19511

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: Howard P. Rowland

Licensed Embalmer No. 3114

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.