

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

1 X 1931

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34081
Registrar's No. 8619

NOV 13 1939
Registration District No. 791
1003

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Norman C. Gray 600

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

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

7. Birth date of deceased May 20 1939
(Month) (Day) (Year)

8. AGE: Years 40 Months 4 Days 17 If less than one day _____
hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Clyde Gray

18. Birthplace Merion Ill.
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Celine Daulton

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

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

(b) Address 1402 Diodier St.

17. (a) Burial (b) Date thereof Oct 9 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trinidad Cem.

18. (a) Signature of funeral director Hy. Leidner and Co

(b) Address 1417 N. Market St.

19. (a) OCT 9 1939 (b) J. F. Brubaker
(Date of local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")

(d) Street No. 1402 Diodier St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7,
year 1939 hour 6:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from October 5, 1939, to October 7, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Dysentery - Flexner group bacilli

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration ?

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

28. Signature E. C. Pucklerman (M. D. or other)

Address 1515 Lafayette, Date signed 10/9/39

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 N. Linn

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.