DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38002

Registration District No. 201 — Primary Registration District No. — Registrar's No. 9841

1. PLACE OF DEATH: 1003 — 2
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3223 Hebert St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 3223 Hebert St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Not attending physician years.

3. (a) PRINT FULL NAME HENRY W. GREY
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 Widowed
6. (b) Name of husband or wife Late Mary Grey
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 30 (Day) 1857 (Year)

8. AGE: Years 82 | Months 5 | Days 17 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) (State or foreign country)
10. Usual occupation Unemployed 0
11. Industry or business 9
FATHER
12. Name Henry Grey 7
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs Edna Kallahan
(b) Address 19 Magnolia Drive
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Zion's Cemetery
18. (a) Signature of funeral director Henry Luedner U. Co
(b) Address 1417 N. Market St.
19. (a) NOV 18 1939 (Date received local registrar) (b) J. F. Brookbank (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th year 1939 hour 9 minute 50 A.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion Arteriosclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? H (Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred Ferry (M. D. or other)
Address Deputy Coroner Date signed 11.18.39

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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.

50M-5-17-39 Rev. 5-17-39 1 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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis 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.