DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38135

DEC 13 1939

Registration District No. 791

Primary Registration District No.

Registrar's No. 9974

1. PLACE OF DEATH: 1003

(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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 das (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 210 S Leffingwell
(If rural, give location)

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

3. (a) PRINT FULL NAME Lelia Gray 6 0 0

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race N.

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

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

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug. (Month) 20 (Day) 1887 (Year)

8. AGE: Years 52 Months 3 Days — If less than one day hr. min.

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

10. Usual occupation Hwk 0

11. Industry or business

FATHER
12. Name Jermone Ross 1
13. Birthplace Tenn. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Natie Pipes
15. Birthplace Miss. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur Gray
(b) Address 210 S. Leffingwell

17. (a) Greenwood (Burial, cremation, or removal) (b) Date thereof 11/23/39 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director W. C. Gordon
(b) Address 2649 Delmar Blvd.

19. (a) NOV 22 1939 (Date received local registrar) (b) J. F. Bradlick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
year 1939 hour 2nd minute 41 A M.

21. I hereby certify that I attended the deceased from November 14, 1939 to November 20, 1939;
that I last saw her alive on November 20, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Nephritis	6mos-1 yr
Hypertension	
Due to	
Due to Hypertension	Unknown
Diabetes Mellitus	Unknown
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? 1 (Specify type of place)
While at work? (e) Means of injury

23. Signature H. J. Lyman (M. D. or other)
Address 2601 N Whittier Date signed

(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.

Rev. 5-17-39 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 Wm Claude Gordon, Registered Apprentice No. ____, working under my personal supervision.

Signed Wm Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 2649 Delmar Bl

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.