

JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

41187

Registration District No.

791

Primary Registration District No.

Registrar's No.

10310

1. PLACE OF DEATH:

1003

(a) County 1
 (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: City Infirmary
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 yr. 3 mo. 30 days
 In this community 59 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

David C. Gray 600

3. (b) If veteran, name war

Unknown

3. (c) Social Security No. Unknown4. Sex Male5. Color or race White6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Unknown6. (c) Age of husband or wife if alive Unknown years7. Birth date of deceased January 19 1863
(Month) (Day) (Year)

8. AGE:

Years

76

Months

10

Days

9

If less than one day

hr. min.

9. Birthplace:

Unknown

Ireland

(City, town, or county)

(State or foreign country)

10. Usual occupation

Harness Maker 5

11. Industry or business

MOTHER FATHER

12. Name James W. Gray 913. Birthplace Unknown Unknown

(City, town, or county) (State or foreign country)

14. Maiden name Catherine Connors15. Birthplace Unknown Unknown

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

John Sullivan

(b) Address

5800 Arsenal17. (a) BURIAL
(Burial, cremation, or removal)(b) Date thereof 12-2-39
(Month) (Day) (Year)

(c) Place: burial or cremation

CALVARY

18. (a) Signature of funeral director

Hullen & Hally

(b) Address

1416 N. Taylor19. (a) DEC 2 1939
(Date and local time)J. F. Bruch
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Louis 13
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5800 Arsenal
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? Unknown years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
 year 1939 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from July 29, 1937 to November 28, 1939
 that I last saw him alive on November 28, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death:

Degenerative Heart Disease

Due to

arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy same

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 Nov _____
 (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)

(a) Means of injury 123. Signature Dr. A. Bogalia (M. D. or other)

Address _____

Date signed _____

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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed *Rex E Campbell*.....

Licensed Embalmer No. *3881* City # *1*

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.