

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

FEB 17 1940

(a) County _____
(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 15 yrs.
years, months or days)

8. (a) PRINT FULL NAME Archie Gray **600**

3. (b) If veteran, name war World War 8. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Singled

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

7. Birth date of deceased December 7 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 1 15 hr. _____ min.

9. Birthplace Caldwell Co. Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Cutter

11. Industry or business Unemployed

MOTHER FATHER
12. Name Unknown **9**
18. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)
14. Maiden name Unknown **9**
15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Gray
(b) Address 4037 a. N. 25 th.

17. (a) Burial (b) Date thereof Jan. 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmuller N. & C.

(b) Address 1214 S. Broadway

19. (a) _____ (b) J. P. Brudak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **20**
(If outside city or town limits, write "RURAL")
(d) Street No. 4037 a N. 25th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23,
year 1940 hour 12:45 minute A. M.

21. I hereby certify that I attended the deceased from January 21, 1940, to January 23, 1940;
that I last saw him alive on January 23, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage **2 days**

Due to Hypertension **years**

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 _____

23. Signature Walter P. Ford (M. D. or other) _____
*Address 1515 Lafayette, Date signed 1/23/40

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

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

Edwin H. Leisinger

Licensed Embalmer No. *4249*

P. O. Address *6464 Chippenwa*

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.