L2
3-40
7-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30830

Registration District No. 794 OCT 25 1940 Primary Registration District No. 1003 Registrar's No. 8107

1. PLACE OF DEATH:

(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: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1408 Hebert
(If rural, give location)

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

3. (a) PRINT FULL NAME Alonzo (Lon) Gray

3. (b) If veteran, name war

3. (c) Social Security No. 488 18-8326

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased July 20, 1885 (Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation Maintenance

11. Industry or business

MOTHER FATHER

12. Name Calvin Gray

13. Birthplace (City, town, or county) Ohio (State or foreign country)

14. Maiden name Catherine Quinlin

15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant George Nieser

(b) Address 4119a Laclede

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) SEP 30 1940 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28, year 1940 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from September 18, 1940 to September 28, 1940; that I last saw him alive on September 28, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Vascular Accident	10 days
Due to: Generalized Arteriosclerosis	5 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Cardiac Insufficiency	?

Major findings:
Of operations
Of autopsy As above.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 1515 Lafayette Avenue, Date signed 9/28/40

(Licensed Embalmer's Statement on Reverse Side)

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 Florenz Eynck

Licensed Embalmer No. 1284

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.