

No. 2  
4-13-40  
-17-39  
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

5551

State File No. 1799

Registration District No. 7917

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
5882 Cabanne, Ave.,  
(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

3. (a) PRINT FULL NAME William Bowman Gray

3. (b) If veteran, name war None

3. (c) Social Security No. 498-10-0866

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lula Smiley Gray

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased November 25 - 1863  
(Month) (Day) (Year)

8. AGE:

| Years     | Months   | Days      | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>77</u> | <u>2</u> | <u>29</u> | hr. _____ min.       |

9. Birthplace Bordertown New Jersey  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Rennard Carpet Co.

MOTHER FATHER

12. Name Joseph Gray

13. Birthplace Sargentsville\*/New Jersey  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Green

15. Birthplace Rosemont -/New Jersey  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lula Smiley Gray

(b) Address 5882 Cabanne, Ave

17. (a) BURIAL (b) Date thereof 2/26/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SAINT PETERS CEMETERY

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd

19. (a) FEB 25 1941 (b) J. N. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000 17 9 5

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 5882 Cabanne Ave  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th  
year 1941 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from November 2, 1940, to February 24, 1941; that I last saw h./M. alive on February 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 mo

Due to Essential Hypertension 57 AS

Due to \_\_\_\_\_

Other conditions None  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury ?

23. Signature E. A. Bannick (M. D. or other) DO

Address 6651 Conright Ave Date signed 2/24/41

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

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FILED MAR 25 1941

6651 KNIGHT  
PA-2294

Apr - 1 - 5 PM.

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**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 Bradford A Miles  
Licensed Embalmer No. 2901  
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, fact should be so stated above.**