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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19957

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 4769

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 14 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 12/7

(d) Street No. 5092a Enright Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? Life 0 years.

3. (a) PRINT FULL NAME Arthur Bray

3. (b) If veteran, name war None

3. (c) Social Security No. 338-16-3516

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nellie Bray.

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

7. Birth date of deceased July 15, 1876. (Month) (Day) (Year)

8. AGE: Years 64 | Months 10 | Days 22 | If less than one day hr. min.

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

10. Usual occupation Store keeper

11. Industry or business Delicatessen.

FATHER
12. Name Walter Bray.
13. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Margaret Southerland.
15. Birthplace ? (City, town, or county) Kentucky. (State or foreign country)

16. (a) Informant Mrs Nellie Bray.
(b) Address 5092a Enright Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-1941. (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Harry J. Askemeyer.
(b) Address 5195 Vernon Ave.

19. (a) JUN 9 1941 (Date received by registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7, year 1941 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from May 25, 1941, to June 7, 1941, that I last saw him alive on June 7, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Lung with metastases to brain	
Due to	
Due to	
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? (Specify type of place)
While at work (e) Means of injury

23. Signature L. V. Mulligan (M.D. or other)
Address 1515 Lafayette Ave. Date signed 6/7/41

(Licensed Embalmer's Statement on Reverse Side)

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 3454 David E. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. Lou

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

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