No. 2
1-4-41
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X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42914

FILED JAN 20 1942

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 74

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

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: St Louis County Hospital (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pulaski ~~St Louis~~ 85

(c) City or town Waynesville (If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Robert Parker Gray

3. (b) If veteran, name war None

3. (c) Social Security No. Unk.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lucey

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

7. Birth date of deceased October (Month) 4 (Day) 1907 (Year)

8. AGE: Years 34 Months 3 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Pulaski Co. (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation Trucker

11. Industry or business .....

FATHER
12. Name Fred Gray
13. Birthplace Pulaski Co. (City, town, or county) 0 Mo. (State or foreign country)

MOTHER
14. Maiden name Rose Hively
15. Birthplace Waynesville (City, town, or county) 0 Mo. (State or foreign country)

16. (a) Informant J.L. Hoops

(b) Address Waynesville Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-10-42 (Month) (Day) (Year)

(c) Place: burial or cremation Pulaski Co. Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JAN 12 1942 (Date received local registrar) (b) C. G. McGannon Md (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th year 1942 hour ..... minute 6:40 p.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Result of Automobile collision on Highway 66 west of Geyer Road. Verdict: Accident

Due to Comminuted fractures of Frontal Parietal and Occipital

Due to Bone. Lacerations of the Brain. Comminuted fractures of

Other conditions all ribs. (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations .....

Of autopsy Bilateral Hemotharax. ~~Hemotharax~~ Laceration of spleen and liver

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) Accident 0 96

(b) Date of occurrence January 9, 1942

(c) Where did injury occur? St. Louis County, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway H'way 66 (Specify type of place)

While at work? Yes (e) Means of injury .....

23. Signature Louis H Boyd Coroner

Address Kirkwood, Mo. Date signed 1-10-42

(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 Alford F. Burnley

Licensed Embalmer No. 4202 F

P. O. Address.....

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.