

STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 24 1942 79

Registration District No.

Primary Registration District No. 1003

Registrar's No. 527

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:
3545 Caroline St.
(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 **Myrtle Gray**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **Unknown**

4. Sex **Female** / 5. Color or race **White** / 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Elmer** / 6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **Sept. 30 1891**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	3	16hr.min.

9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Seamstress**

11. Industry or business.....

MOTHER FATHER { 12. Name **James Dorris**

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

14. Maiden name **Unknown Smith**

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

16. (a) Informant **Lorraine Barty**

(b) Address **3301 Caroline St.**

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

(c) Place: burial or cremation **West Frankfort, Ill.**

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

(b) Address **4700 Washington Ave.**

19. (a) **JAN 21 1942** (Date received local registrar) (b) **J. F. Budeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(e) State **Illinois** (b) County **Franklin**

(c) City or town **West Frankfort**
(If outside city or town limits, write "RURAL")

(d) Street No. **2**
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **15th** year **1942** hour **5** minute **30 P** M.

21. I hereby certify that I attended the deceased from **8/18/41** to **1/14 1942** that I last saw her alive on **1/14 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Cardiac Failure**

Due to **Decompensation** **1 month**

Due to **46 Causes of Rectum** **2 yrs**

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

PHYSICIAN

Major findings: Of operations **none**

Of autopsy.....

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 **Priscilla C. Hall** (M. D. or other) **0**

Address **3902 Lafayette** Date signed **1/17/42**

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

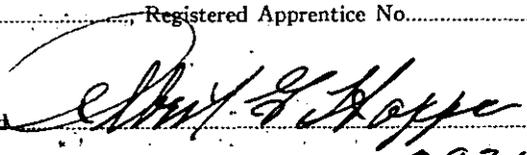
S. No. 2
1-1-4-41
5-17-39
X26390
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NR 10

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



Licensed Embalmer No. 2971

P. O. Address.....

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.